

KENTON COUNTY PRESCHOOL PROGRAM

Registration Form

Student's Name: _____ DOB: _____

TRANSPORTATION

Please check one:

☐ I **want** bus transportation.*

☐ I do **not** want bus transportation

*Address must be within the school boundaries for transportation.

*Not available during the Multi Tiered System of Support (MTSS) process, or for open enrolled or employees' tuition students.

My child will be transported to and from:

☐ home

☐ a daycare center _____
Daycare Center Name and Address

☐ a private babysitter's _____
Sitter's Name and Address

HISTORY

Medical/Health History of Child:

Medications Currently Taken by Child:

Family History (divorce, recent death, trauma, etc.):

DEVELOPMENT

Please check the appropriate boxes below:

Overall Development	Child Doing OK	Area of Concern
Health	<input type="checkbox"/>	
Motor Skills (Gross & Fine)	<input type="checkbox"/>	<input type="checkbox"/>
Early Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>
Attention Skills	<input type="checkbox"/>	<input type="checkbox"/>
Language Skills	<input type="checkbox"/>	<input type="checkbox"/>
Speech Sound Production	<input type="checkbox"/>	<input type="checkbox"/>
Self-Help Skills	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____