

**Huron School District
Sunnyside Kindergarten Center
24820 Merriman Road
New Boston, MI 48164
782-1162**

Kindergarten Student Registration Form

2009 / 2010

| | | | | |
|-----------------------------|------------|-------------|--|-----|
| Student Last Name (goes by) | First Name | Middle Name | Legal Last Name (on Birth certificate) | Sex |
|-----------------------------|------------|-------------|--|-----|

| | | |
|------------------------------------|------|----------|
| Mailing Address: number and street | city | zip code |
|------------------------------------|------|----------|

| | | | |
|------------|--|---------------------------|---------------------|
| Birth date | Home phone# (circle one) Listed unlisted | Doctor's Name and Phone # | Hospital Preference |
|------------|--|---------------------------|---------------------|

| | |
|---|--------------------------|
| Ethnic Category: (Check one) _____Asian America _____American Indian _____Caucasian American _____African American _____Middle East American _____Hispanic American | Language spoken in home: |
|---|--------------------------|

PREVIOUS SCHOOL INFORMATION: Last school attended:
Phone #:

PRIMARY HOUSEHOLD INFORMATION Parent or Guardian child lives with

| | | | |
|-----------|------------|-------------------------|--------|
| Last Name | First Name | Relationship to student | Cell # |
| | | | |
| Last Name | First Name | Relationship to student | Cell # |
| | | | |

CIRCLE THE GRADE LEVEL OF OTHER CHILDREN IN THE HOME

Pre Kindergarten 1 2 3 4 5 6 7 8 9 10 11 12

Parent or Guardian living in second household:

| | | | | |
|-----------------|------------|-------------------------|--------------|--------------|
| Last Name | First Name | Relationship to student | Home Phone # | Work Phone # |
| | | | | |
| Mailing Address | City | State | Zip | |
| | | | | |

MEDICAL INFORMATION:

Please list any illness your child has or had: _____

Please list any medications your child is taking: _____

Please list any known allergies your child has: _____

Please note that when Fire Department Medical Unit responds they will contact available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.

Please be sure all information is correct and up to date. If you have a change of address or phone number please notify the office immediately. Please make sure you have filled in all boxes that apply.

Parent/Guardian signature _____ Date _____



Emergency Information

Student's Name _____

Please list in order people to be contacted and relationship to child:

1. Name _____ Phone # _____

City _____ Relationship _____ 2nd Phone# _____

2. Name _____ Phone # _____

City _____ Relationship _____ 2nd Phone# _____

3. Name _____ Phone # _____

City _____ Relationship _____ 2nd Phone# _____

4. Name _____ Phone # _____

City _____ Relationship _____ 2nd Phone# _____

5. Name _____ Phone # _____

City _____ Relationship _____ 2nd Phone# _____

Where your child goes after school (Address and Bus Route) or Parent Pick-Up

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

All changes **MUST** be in writing and submitted to office. Date: _____
We will adhere to this schedule unless you make a change in writing.