Saber Preschool Registration Form

1. Child's name_____
   Last name First name
2. Name used at home _____ Sex _____
   Age_____ Date of birth _____/_____/_____
3. Parents' names
   _____
4. Address: _____
5. Telephone # _____ email: _____
6. Parent cell phone # _____ _____
7. Is there any previous medical history that would affect your child's participation in activities? _____ If so, please explain:
   _____
8. Does your child have any allergies (latex, peanuts, etc.) or dietary restrictions? (dairy, gluten, gelatin, etc.) _____ If so, please indicate:
   _____
9. Is your child toilet trained? _____
10. Please describe your child briefly. Tell about favorite toys, interests, eating habits, routines, etc.
    _____
    _____ ☺
11. Person responsible for child if parent is unavailable:
    a. Name _____ Relationship to child: _____
    b. Phone: _____
12. Other person(s) authorized to pick up child from Saber preschool:
    a. Name _____ Relationship to child: _____
    b. Phone: _____
13. Does Franklin High School have your consent to use your child's photographic image for appropriate purposes (in-class power point, Saber Roar weekly student newscast)? _____

Signature of parent or guardian: _____

Please return this form with the $25 fee (check made out to FHS) to:

Linda Krause

Franklin High School

8222 S. 51st St. Franklin, WI 53132

Questions? Feel free to contact Mrs. Linda Krause linda.krause@franklin.k12.wi.us or 414-817-3629

Pre-Registration is required and will continue until April 23 (sooner if maximum capacity is reached prior to that date). Saber Preschool runs daily at Franklin High School from April 29- May 17, 2019 9:00- 10:15 AM