

Hampton Township School District
High School Child Development
Preschool Experience
Enrollment Form

Child's Name:
Nickname:
Gender:
Age:
Date of Birth:

Parent/Guardian:
Address:
Home Phone:
Cell Phone:
Email:
Work Phone/Hours (if applies):

Emergency Contact (name and phone):
Relationship of Emergency Contact:
Phone Number of Emergency Contact:

Child's Physician:
Physician Phone Number:
Health Insurance Carrier and Policy Number:

Past/Current preschool experience:
Food Allergies:
Special/Medical considerations:
Daily medications taken:

ATTACH/INCLUDE YOUR CHILDS IMMUNIZATION RECORD

Sessions: Please mark one or both sessions.

Session 1 _____

Session 2 _____

Contact Information:
Mrs. Melinda Jackson
412-486-6000 ext 1517
Jackson@ht-sd.org

Registration forms can be mailed, emailed
or dropped off at the High School office.
They can also be faxed to 412-486-7050.