

**METZENBAUM INCLUSION PROGRAM
PRESCHOOL AND EARLY INTERVENTION
REGISTRATION FORM
2009-10**

Age Entering: _____ Date of Application: _____
Date of Entrance: _____

Student's Legal Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Place of Birth: _____

Address: _____ Home Phone #: _____

School District: _____

Sex: () Male () Female Language Spoken in Home: _____

Race: () White () Black () Hispanic () Asian () American Indian () Multiracial

Date of Immigration: (if not born in the United States) _____

School Last Attended: _____

Address of Previous School: _____

Father's Name: _____ Lives With Family ___Y ___N

Employer: _____ Home #: _____ Cell #: _____
Above information to be validated with information on original birth certificate

Mother's Name: _____ Lives With Family ___Y ___N

Employer: _____ Home #: _____ Cell #: _____
Above information to be validated with information on original birth certificate

Check if Applicable: Parents Separated:___ Parents Divorced___ Father Deceased__ Mother Deceased__ Never Married___
If one of the above is applicable, which parent has custody? (Circle) Mother Father Other

List ALL Siblings

*Please indicate if siblings' residence is not the same as registrant's

Name: _____ Age: _____ Grade: _____ School attending: _____
Name: _____ Age: _____ Grade: _____ School attending: _____
Name: _____ Age: _____ Grade: _____ School attending: _____

Serious Health Conditions? (If so, what?) _____

Please attach note if conditions are many and /or description(s) lengthy).

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____