

LA PALOMA ACADEMY PRE-K REGISTRATION FORM  
SCHOOL YEAR 2026-2027



STUDENT INFORMATION

WILL YOUR CHILD BE 5 PRIOR TO SEPTEMBER 1, 2026  Yes  No DOES YOUR CHILD HAVE SIBLINGS AT LA PALOMA  Yes  No

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth:  USA  Other: \_\_\_\_\_

Ethnicity (choose only one):  No  Yes Hispanic/Latino

Race: (choose one or more)  White  Black  Am. Indian  Asian  Native Hawaiian or other Pacific Islander

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

What is the language you prefer for written and spoken communication? \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Grades: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever attended any other school?  No  Yes If yes, Where? \_\_\_\_\_

**Military family status:** Parent or Guardian currently serving as an active duty member of the U.S. Armed forces, reserves of the U.S. Armed Forces, or in the National Guard.  Yes  No

**First responder family status:** Parent or Guardian currently serving as a first responder.  Yes  No

**Custody of Student:**  Joint  Mother  Father  State  Temporary  Other \_\_\_\_\_ Custody papers on file  No  Yes

PARENT/GUARDIAN

**Parent/Guardian**  Mother  Father  Step-Parent  Guardian  Foster Lives with  Yes  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Parent/Guardian**  Mother  Father  Step-Parent  Guardian  Foster Lives with  Yes  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Other than parent, persons to contact and sign out if child becomes ill:

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone # \_\_\_\_\_ or \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone # \_\_\_\_\_ or \_\_\_\_\_

*I certify, by my signature, that I am either the parent or guardian of the student named above and that the information I have provided is true, accurate and up to date. I hereby grant the La Paloma Academy staff permission, in an emergency, to take my child to the nearest emergency center for treatment in the event I cannot be reached.*

*All information given is accurate, and if for any reason it is deemed inaccurate by La Paloma Academy, I understand that my child can be disenrolled immediately.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

↓ SCHOOL USE ONLY ↓

Records accepted by: \_\_\_\_\_ Date accepted: \_\_\_\_\_

Immun.  No  Yes W/D form  No  Yes Custody  No  Yes Date Rec: \_\_\_\_\_