

LA PALOMA ACADEMY PRE-K REGISTRATION FORM
SCHOOL YEAR 2025-2026



STUDENT INFORMATION

WILL YOUR CHILD BE 5 PRIOR TO SEPTEMBER 1, 2025 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: _____