



Truks-N-Trykes 2 Preschool Enrollment 2011-2012
5000 S. MacArthur Lane Ste. 101 Sioux Falls, SD 57106
605-274-0404

Student Name _____ M/F

Address _____

Home Phone _____ Name preferred by student _____

Birthdate _____ (must be 4 as of 9/1/2011) Right or Left handed (circle if known)

Race: __ White __ Native American __ Black __ Hispanic __ Asian __ Other

Father's Name _____ (cell) _____ (work) _____

Mother's Name _____ (cell) _____ (work) _____

Email Address (not to be published-school use only) _____

Parent's Marital Status: __ Married __ Single __ Divorced __ Seperated

Child living with: __ both parents __ Mother __ Father __ Other _____

Step Parent Information (if applicable) _____

Guardian Information (if applicable) _____

Brothers/Sisters (Names and Ages) _____

Person Available if parent(s) cannot be reached _____ phone _____

Particular concerns, disabilities, allergies, or fears child has: _____

Has your child attended preschool before? _____ Where? _____

May we publish your address and phone number for the class roster? Y N

Preschool is currently offered M/W/F 8:30-11:00

A \$50 non-refundable registration fee is due upon enrollment for students not currently attending full-time at T-N-T2.

Parent Signature

Date