

Pre-pre-k Registration
Irene Long & Associates
www.irenelong.com

Student Name: _____ **Age:** _____ **D.O.B.** _____

Parent Name: _____ **Phone #'s** h: _____ c: _____

Address: _____ **Email:** _____

Food allergies or other health concerns:

Referred by: _____

1. What would you like to see in the curriculum? Be specific.

2. What does your child like to do? _____

3. What does your child not like to do? _____

4. Are you interested in volunteering to be a classroom assistant?

Help with set-up/clean up...etc., substitute.

If so, what days and times are you available?

5. Would you like to volunteer to be part of our classroom with your

child or without your child? If so what days and times are you available

with your child? _____ **And without your child?**
