

Preschool & Prekindergarten Registration Questions for Registration Application

Below is a list of questions that you will be asked during your online registration for Preschool or Prekindergarten. You may wish to review this and have your answers ready in advance so that you can expedite the completion of your registration application.

First Choice for Placement location (visit dvusd.org for list)	
Second Choice for Placement (visit dvusd.org for list)	
Third Choice for Preschool Placement (visit dvusd.org for list)	
Mother/Guardian #1 Full Name	
Mother/Guardian #1 Address, City, State, Zip	
Mother/Guardian #1 Cell Phone	
Mother/Guardian #1 Contact Telephone	
Father/Guardian #2 Full Name	
Father/Guardian #2 Address, City, State, Zip	
Father/Guardian #2 Cell Phone	
Father/Guardian #2 Contact Telephone	
Emergency Contact (optional)	

Emergency Contact 2 r r Telephone Number (xxxrxxxrxxx)	
Emergency Contact 3 r r Name	
Emergency Contact 3 r r Telephone Number (xxxrxxxrxxx)	
Emergency Contact 4 r r Name	
Emergency Contact 4 r r Telephone Number (xxxrxxxrxxx)	
Health Care Provider* Name (Doctor or Medical Facility)	
Health Care Provider* Telephone Number (Doctor or Medical Facility)	
In case of injury or sudden illness, I request that this individual be called first:	
The following individual(s) may NOT remove my child from the facility:	
Custody papers have been provided and are on file at the facility. (This should be answered NO unless you have recently supplied DVUSD Community Education with court ordered custody papers)	
Telephone Authorization Code (optional)	
Is child allergic to food or other substances?	

If yes, describe symptoms, name

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Is child usually susceptible to infections and if so, what precautions need to be taken?	
If yes, list precautions. If no, type "no" (as this requires an answer)	
Is child subject to convulsions and what should be our procedure if one occurs?	
If yes, specify procedure. If no, type "no" (as this requires an answer)	
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?	
If yes, list precautions. If none, type "none" (as this requires an answer)	
Does this student currently have an IEP (Individual Education Plan)?	
Does this student currently have a 504 Accommodation Plan?	
Does this student have any physical or mental impairment?	
I grant permission for my child to participate in internet activities. Students are expected to follow DVUSD internet user rules and regulations.	
I grant permission for my child's photograph to be taken for publicity purposes at the discretion of the DVUSD administration.	
I understand that this student must be fully toilet trained to attend this program pursuant to AZ Department of Health Services licensing regulations. Please initial to acknowledge understanding.	

Is there another person who will share financial responsibility for payments on this account? If so, please provide that person's name. Restrictions may apply and additional payers will be required to establish Heale.869 0 Td <0003>Tj /TT0 1 Tf 0.c 3.43-7.6(h)8608 Tc 0.224 0 Td [(r)-hare.