



STEM Mustang Exploration

Wraparound Pre-school Childcare Pre-Registration

Child's information

Name (last, first, middle initial) Birth date _____

Child like to be called (if different from given name) Male Female

Parent/Guardian information

Parent/Guardian name (last, first) Child lives with _____
Mother Father Both Other

Residential Address City Zip code

Mailing Address (if different) City Zip code

Home phone Cell phone

Email Preferred contact: Home _____ Cell _____ Email _____

Childcare Schedule

Mon Tues Wed Thurs Fri

Child is (will be) enrolled in preschool: schedule (if known) _____ Child is NOT (will not be) enrolled in preschool _____