



Rush-Henrietta Central School District

www.rhnet.org

UNIVERSAL PRE-K (UPK) PROGRAM

2024 – 2025 SCHOOL YEAR REGISTRATION FORM

NAME OF CHILD (LAST NAME, FIRST NAME) : _____

BIRTH DATE: _____ BIRTH CITY/STATE/COUNTRY: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE NUMBER: _____ GENDER: _____

EMAIL ADDRESS: _____

LANGUAGES SPOKEN IN THE HOME: _____

LANGUAGE CHILD SPEAKS MOST OFTEN: _____

PARENT INFORMATION:

PARENT'S NAME: _____ EMPLOYER: _____

PARENT'S ADDRESS: _____ WORK PHONE: _____

PARENT'S NAME: _____ EMPLOYER: _____

PARENT'S ADDRESS: _____ WORK PHONE: _____

SIBLINGS:

NAME: _____ BIRTH DATE: _____ GENDER: _____

NAME: _____ BIRTH DATE: _____ GENDER: _____

NAME: _____ BIRTH DATE: _____ GENDER: _____

NAME: _____ BIRTH DATE: _____ GENDER: _____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____