



SOUTH SUMMIT ELEMENTARY

PRE-K QUESTIONNAIRE

2026-2027 REQUIRED DOCUMENT TO COMPLETE REGISTRATION

Child's Information

- Child's Full Name: _____
- Date of Birth: _____
- Preferred Name/Nickname: _____
- Primary Language Spoken at Home: _____

Parent/Guardian Information:

- Parent/Guardian Name(s): _____
- Phone Number: _____
- Email Address: _____

- Parent/Guardian Name(s): _____
- Phone Number: _____
- Email Address: _____

Does your child have any allergies or medical conditions?

- Yes (please explain): _____
- No

Please list any physical or emotional therapies and/or services your child has received: _____

Please select one (1) preferred day for your child's attendance:

- 3 year old -Monday/Wednesday (9:00 am-11:00 am)
- 3 year old- Tuesday/Thursday (9:00 am-11:00 am)
- 4 year old -Monday/Wednesday (11:30am-3:00 pm)
- 4 year old- Tuesday/Thursday (11:30 am-3:00 pm)

(We will do our best to accommodate your request, but availability is limited.)