



Merritt Academy Mini Mustangs Preschool Program

REGISTRATION FORM

First:		Last:		MI:		
Male	Female	Birth Date: _		te:		
Street Addre	ess:		_ City:	Zip		
Mother/Lega	I Guardian Name: _				_	
Contact Nun	nber:	Ema	il:			
Father/Lega	l Guardian Name:					
Contact Number:		Ema	il:			
	Please make s	ure to provide at lea	ast one email addr	PSS		
Race:	_ American Indian or Alaska Native Hawaiian or other Pacific Islander					
	Asian American White					
	Black or African A	merican	Hispanic or L	atino		
Language	spoken in the home o	other than English:				
PARENTA	L STATUS	SOURCE O	F INCOME	CUSTODY AGREEMENT		
) One Parent () Foster Parent Both p		Both parents s	upport child ()	Yes () No ()		
) Two Parents	() Legal Guardian	One parent sup	oports child ()			

LIST ALL PERSONS WHO LIVE IN THE HOME

Name	Birthdate	Relationship to Student	Male/Female

Income Verification (GSRP is FREE to all families but the program does require verification of family income)							
Annual Income (January 1 – December 31, of the previous	s year): <u>\$</u>						
Proof of income will be collected with additional documents to prioritize eligibility							
Documentation of No Income (complete only if parent has no income)							
I affirm that I do not receive income from any source	I am a student Other:						
Parent/Guardian's Name:	Date:						
Parent/Guardian's Signature:							