



# Preschool Application

2010-2011



Please indicate which program you are applying for:

- 2 Year Old 2 Day Program (M/W)
- 2 Year Old 2 Day Program (T/TH)
- Young 3 Year Old 2 Day Program (T/TH)
- 3 Year Old 2 Day Program (T/TH)
- 3 Year Old 3 Day Program
- 4 Year Old 3 Day Program
- 4 Year Old 5 Day Program
- 4 Year Old 5 Day Enhanced (9:30-1:30)

Name of Child: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### Information About the Family

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email Address \_\_\_\_\_

If the child is not living in the home of the parent's please list the guardian or adult responsible for the child:

Name: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list the names of the individuals to whom your child may be released to other than parents.

- (1) \_\_\_\_\_ (2) \_\_\_\_\_
- (3) \_\_\_\_\_ (4) \_\_\_\_\_

### INFORMATION ABOUT YOUR CHILD

Does your child have any allergies (such as dust, drugs, plants, animals, food, etc.)? If yes, what are they? (Be specific)

\_\_\_\_\_

Please give any information concerning your child, which will be helpful in his/her experience in-group living (such as play, eating and sleeping habits, special fears, special likes or dislikes) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

