

Preschool Application Form

Today's date: _____

Child's name: _____

Home phone: _____

Gender: ____ Age (years/months): ____/____

Date of birth: _____

Home address: _____

Father's name: _____

Mother's name: _____

Father's cell phone: _____

Mother's cell phone: _____

Father's employer: _____

Mother's employer: _____

Father's email: _____

Mother's email: _____

Father's work phone: _____

Mother's work phone: _____

Siblings and ages: _____

Any known allergies: _____

Any other concerns/comments: _____

Would you like to volunteer, if yes, with what activities: _____

Days to attend (circle please): Mon Tue Wed Thu Fri

Target joining date: _____

Hours to attend: _____

Re-registration date: _____

Last day to attend: _____

Parent's signature / Date: _____

Comments: