

**THE CHILDREN'S CORNER
APPLICATION FOR ADMISSION**

School Year _____ Class _____

CHILD'S FULL NAME _____ NICKNAME _____

AGE _____ BIRTHDATE _____ CHURCH AFFILIATION _____

Child's Home address _____ Zip _____ Home Phone _____

Email _____ Cell Phone _____

Father's name _____ Mother's name _____

Father's occupation _____ Business address _____

Business phone _____ Education _____

Mother's occupation _____ Business address _____

Business phone _____ Education _____

Father's interests _____

Mother's interests _____

Child's interests _____

Names and ages of siblings _____

Have any attended this school? _____ When? _____

Name of doctor _____ Phone _____ Hospital _____

Why do you want your child to attend preschool? _____

How did you hear of The Children's Corner? _____

Other than yourself, please list three people who know your child:

1. _____ 2. _____ 3. _____

Phone _____ Phone _____ Phone _____

These people might be contacted in an emergency if parents can't be reached

I _____ DO _____ DO NOT give my permission to have my child's photos used in TCC promotions, websites, media sites, print or e-newsletters or promotional brochures. This consent includes the Agreement that if a photograph of my child is used; your child's name will not accompany the image.

My child may only ride in his/her car seat _____

My child may ride in a car seat other than his/her own _____

PLEASE RETURN THIS FORM AND A \$5 FEE TO:

MRS. JUDI PICCOLO, 5466 N. PENNSYLVANIA ST. INDIANAPOLIS, 46220.

MAKE CHECKS PAYABLE TO THE CHILDREN'S CORNER

CLASS REGISTRATION BEGINS IN FEBRUARY PRECEEDING THE SCHOOL YEAR. CLASSES ARE FILLED ON A FIRST COME BASIS AND PREFERENCE IS GIVEN TO LEGACIES OF THE SCHOOL.

Parent's signature _____

Date _____