

THE CO-OP PIESCHOOL

Admission Data 2017-2018

Child's Name
Name you would like your child called at school
Male Female
Child's Birthdate Place of Birth
First Danasta Nama
First Parent's Name Second Parent's Name
Marital Status Home Phone # Cell Phone #
Address
Email Address
Second Parent's Address (if not living in the same house)
Please list other children in your family by name and age
Q&A
Has your child previously attended a preschool or park program? If yes, where?
Is there anything about your child we should know?
Are there any holidays or events your family celebrates?
Does your child have any emotional or social problems?
Does your child have any physical problems?
Does your child take any medications on a regular basis?
Is your child potty trained?
Does your child have any allergies or food restrictions?
Which school district do you reside?