

**Application for Preschool**

Application Date: \_\_\_/\_\_\_/\_\_\_  
M D Y

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
M D Y

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Full Address (Mom/Guardian): \_\_\_\_\_

Full Address (Dad/Guardian): \_\_\_\_\_

Employment/School Name & Address \_\_\_\_\_

\_\_\_\_\_

**Phone/Email - Mom/Guardian:** \_\_\_\_\_

**Phone/Email - Dad/Guardian:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mornings required ( 9:00 - 11:30):** Mon \_\_\_\_\_ Wed \_\_\_\_\_ Fri \_\_\_\_\_

**Who can pick up your child?** \_\_\_\_\_

\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Care Card Number: \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_/\_\_\_

**Immunization Record - (required by Dept. Community Services)**

	Date 1 <sup>st</sup>	Date 2 <sup>nd</sup>	Date 3 <sup>rd</sup>	Date 4 <sup>th</sup>	Date 5 <sup>th</sup>
DTP					
HIB					
MMR					
TDP					
IB					
Other					

Does child have any allergies (i.e. nuts, eggs, milk or medications)? \_\_\_\_\_

\_\_\_\_\_

Describe child's health, are there any medical problems, is s/he on any medications, etc. \_\_\_\_\_

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What does your child like to eat/drink? Describe eating habits/patterns: \_\_\_\_\_

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Any diet restrictions/special requirements: \_\_\_\_\_

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Favorite toys/games/activities: \_\_\_\_\_

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Describe child's behavior habits and personality (i.e. temperament, energy level, shy, stubborn):

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We would appreciate your views on guiding your child's behavior and setting limits:

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Is your child toilet trained? Explain: \_\_\_\_\_

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\_\_\_\_\_  
**Parent Signature (required by Dept. of Community Services)**

**Child's Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                                  M      D      Y

**Child's Withdrawal Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
  M      D      Y

**Reason for child's withdrawal:** \_\_\_\_\_

**\*\* Office must keep a copy of the child's application form for two years after child's withdrawal.**