

BUTTONWOOD PRESCHOOL APPLICATION

Child's Name _____

Address _____

Date of Birth _____ Age _____ Home Phone _____

Full Day _____ Half Day (A.M. or P.M.) _____ Add Lunch _____ Circle Days M T W H F

Parent or Guardian _____ 2nd Phone # _____

Occupation _____ Address _____

Parent or Guardian _____ 2nd Phone # _____

Occupation _____ Address _____

Brothers & Sisters _____ Ages _____

List any illnesses, allergies, or concerns _____

Family Physician _____ Phone _____

Address _____

RELEASE FORM: The following people have permission to pick up my child. I understand that my child will not be released to anyone else unless special arrangements are made beforehand (written permission or by telephone).

Name and Telephone Number (other than parents)

1. _____ 2. _____

3. _____ 4. _____

BUTTONWOOD PRESCHOOL IS AUTHORIZED:

- a. To obtain emergency medical care if necessary
- b. To use my signature below as permission for my child to participate in field trips during the school year.

DATE: _____ PARENT SIGNATURE _____