



Preschool Waitlist Application

Section 1: Child's Information

Child's legal name: _____

(first)

(middle)

(last)

Name child prefers to be called: _____

Child's Date of Birth: ____ / ____ / ____ Gender: Male Female

Child lives with:

Both parents Mother only Father only Part time with both parents Other

Preferred Start Date: _____

Preferred Schedule:

Full Time Part Time 3 Days M/T/TH Part Time 2 Half Days W/F

Please list any existing medical conditions, medications/and or any special attention your child may require:

Allergies:

Physician's Name: _____

Phone: _____

Address: _____

Section 2: Parent Information

Mother/Guardian's Name: _____

(first)

(M.I.)

(last)

Phone: _____ Email: _____

Physical Address: _____

Mailing Address: _____

Occupation: _____ Employer: _____

Work Address: _____ Phone: _____

Driver's License #: _____ SS #: _____

Marital Status: Married Single Divorced Separated Widowed Other

Father/Guardian's Name: _____

(first)

(M.I.)

(last)

Phone: _____ Email: _____

Physical Address: _____

Mailing Address: _____

Occupation: _____ Employer: _____

Work Address: _____ Phone: _____

Driver's License #: _____ SS #: _____

Marital Status: Married Single Divorced Separated Widowed Other

Section 3: Tuition / Payment Information

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment, or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there any other information about your child that would be helpful to our staff? If you have any concerns about your child's behavior such as separation anxiety, hitting, biting etc., please describe below.

Mother/Guardian Signature: _____ **Date:** _____

Father/Guardian Signature: _____ **Date:** _____