

FRIENDSHIP PRESCHOOL APPLICATION

Preschool (3–4-year-old) must be 3 before Aug. 31st _____

Pre-K (4–5-year-old) must be 4 before Aug. 31st _____

Child's Name _____ Name Preferred _____

Birth Date _____ Sex _____ Race _____

Address _____ City _____ Zip Code _____

Home # _____ Email _____

Child Physician _____ Phone # _____

Health Insurance Carrier _____ Phone # _____

Hospital Preference _____

Does your child have any special health care needs? (Allergies, Asthma, Seizures) Yes No

If yes, explain _____

Please list all medications that your child receives daily basis or in response to a special healthcare needed listed above _____

Does your child have any unique behaviors or particular fears that the classroom teacher should be aware of? _____

Does your child have an IEP (Individual Education Plan)? Yes No _____

Mother's Name _____ Cell # _____ Work # _____

Occupation _____ Employer _____

Father's Name _____ Cell # _____ Work # _____

Occupation _____ Employer _____

Who does the child currently live with? If not parent, please list relationship to the child. _____

Siblings & Ages 1. _____ / _____ 2. _____ / _____ 3. _____ / _____

4. _____ / _____ 5. _____ / _____ 6. _____ / _____


Please give names of person(s) that can pick up your child in addition to parents.

1. _____ Relation _____ Phone # _____

2. _____ Relation _____ Phone # _____

3. _____ Relation _____ Phone # _____

4. _____ Relation _____ Phone # _____



I hereby agree that Friendship Preschool personnel may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

I have enclosed a \$40.00 non-refundable registration fee as required for placement of my child in this program.

I hereby attest by my signature that the answers to the questions above are true to the best of my acknowledge.

(Signature of parent or legal guardian)

(Date)