

EARLY CHILDHOOD PROGRAM REGISTRATION FORM

Today's Date _____ Circle which Program you want: **5-Day AM**, **3-Day AM** or **PM**

Child's Name _____ Nickname: _____
Please include LAST, FIRST, and FULL MIDDLE Name (no initials please)

Birthdate _____ Place of Birth _____ Age ____ Male or Female ____

Home Address _____ Telephone No. _____

Name of Parent/Guardian _____ Occupation _____

Work Address _____ Work Phone _____

Name of Parent/Guardian _____ Telephone No. _____

Home Address _____ Occupation _____

Work Address _____ Work Phone _____

Name, age, and gender of other children in household _____

Child's previous group experiences (play group, nursery school, etc.) _____

Please describe briefly your child's special characteristics and interests. Are there any facts about the family situation or child's development which you feel would be helpful to the school in considering this application? (If necessary, please use the back of this application to continue your response.)

Please describe briefly your reasons for enrolling your child in the preschool. What would you like to see happen for your child in preschool this year? (If necessary, please use the back to continue your response.)

Does your child have any food allergies and/or medical conditions we should know about? _____ If yes, please describe (If necessary, please use the back of this application to continue your response.)

Child's Physician _____ Phone _____
Address _____

Parent's Signature _____ Date _____

Application and \$35.00 non-refundable registration fee will not be accepted before JANUARY 30, 2009. CHECKS should be made payable to Early Childhood Program. Return application to the Early Childhood Program in the enclosed self-addressed envelope. We use a lottery system to select students. You will receive notification of your child's acceptance by telephone in early March, 2009.