

# Presbyterian Preschool Application Form

**Mon.-Wed.-Fri. Class** \_\_\_\_\_

**Tues. – Thurs. Class** \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Name Child Prefers to be Called \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent's Name (Mother) \_\_\_\_\_ Phone \_\_\_\_\_

(Father) \_\_\_\_\_ Phone \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Phone \_\_\_\_\_

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

Person Other Than Parents To Be Called In Case Of Emergency

Name \_\_\_\_\_ Phone \_\_\_\_\_

Sibling Information (Name & Ages) \_\_\_\_\_

If There Are Other Persons Living With The Family, Please List Them Here

\_\_\_\_\_

What Kinds Of Group Experiences Has Your Child Had Previously? \_\_\_\_\_

\_\_\_\_\_

Does Your Child Play With Other Children? \_\_\_\_\_

How May? \_\_\_\_\_ What Age? \_\_\_\_\_

Does Your Child Have Particular Fears? \_\_\_\_\_