



Application for Early Childhood Admission
Please PRINT or TYPE all information

Application Fee: \$ 150.00
***A Family Photo is also required**

For entrance in September 20__

Student Information

Name: _____ Birth date ____|____|____ Sex: M F
 First Middle Last

Home Address: _____
 City _____ State _____ Zip Code: _____

Parent/Guardian 1 – Information

Parent/Guardian Name: _____ Ethnicity _____ (Optional)

Home: Address _____
 City _____ State _____ ZipCode: _____

Phone Numbers: Home (____) _____ Work (____) _____
Cell: (____) _____

E-mail address: _____

Occupation: _____

Employer's Name: _____

Parent/Guardian 2 – Information

Parent/Guardian Name: _____ Ethnicity _____ (Optional)

Home: Address _____
 City _____ State _____ ZipCode: _____

Phone Numbers: Home (____) _____ Work (____) _____
Cell: (____) _____

E-mail address: _____

Occupation: _____

Employer's Name: _____

List brothers and sisters

Age

School(s) attending

Preschools or Daycares previously attended:

School

Location/Phone

Dates

Reason for Change

Does applicant have any special physical, emotional, or social needs that should be taken into account?

Yes: ___ No: ___

If yes, please explain:

What are your expectations for an early childhood program? _____

Have you toured the Schoolhouse? If so, when? _____ If not, please call the Schoolhouse to schedule a tour.

Referred by: _____

Name of person completing this form: _____

Relationship to Child: _____ Date: _____