



OFFICE USE ONLY:
Application Fee \$35.00
Date Rec'd: _____
CASH/CK # _____

Registration Fee \$150.00
Date Rec'd: _____
CASH/CK# _____

PRESCHOOL APPLICATION

Select from the following choices:
3's 3 days/week (T-W-Th) ___ 3's (M-F) ___
4's (all classes M-F) ___
School Year: _____/_____

Child's Name: _____ Sex: _____

Date Of Birth: ___/___/___ Age as of September 1st: _____
(All preschool students MUST be potty trained.)

Street Address: _____
City: _____ State: _____ Zip: _____

Father's Name: _____ Home Phone: _____
Cell Phone: _____ Email: _____
Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____
Cell Phone: _____ Email: _____
Place of Employment: _____ Work Phone: _____

Names and Ages of Siblings: _____

Religious Affiliation: _____ Members of Prince of Peace Parish? Y/N

Child's Previous School Experience: _____

Does your child have an IEP? Y/N
If yes, please explain. _____

Does your child make friends easily with other children? Y/N With adults? Y/N

We light the Candles, They light the World.



Does your child require any assistive equipment? Y/N

If yes, please explain. _____

Does your child receive speech therapy or any special services? Y/N

If yes, please explain. _____

Does your child have any health concerns? (i.e. asthma) Y/N

If yes, please explain. _____

EMERGENCY CONTACTS: (Other than parents, must live within 30 mile radius)

1.) Name: _____ Phone: _____

Relationship to Child: _____ Alt. Phone: _____

2.) Name: _____ Phone: _____

Relationship to Child: _____ Alt. Phone: _____

PERSONS PERMITTED TO PICK UP YOUR CHILD FROM SCHOOL:

1.) Name: _____ Phone: _____

Relationship to Child: _____ Alt. Phone: _____

2.) Name: _____ Phone: _____

Relationship to Child: _____ Alt. Phone: _____

NAME OF PHYSICIAN: _____ PHONE: _____

I, _____, give permission for my child, _____, to be taken to the nearest emergency room for treatment should there be an emergency situation in which the staff of Prince of Peace is unable to contact either parent.

PARENT'S

SIGNATURE: _____

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