

Peppermint Patty's Preschool

Established 1978

Application for Admission

Child's Name (First, Middle, Last) _____ Date _____

Child's nickname _____ DOB _____ ___M ___F

Mother's Name _____ Father's Name _____

Home address _____ Home address _____

City _____ Zip _____ City _____ Zip _____

Phone (home) _____ Phone (home) _____

Mother's cell _____ Father's cell _____

Email Address: _____ Email Address: _____

Child's Legal Guardian _____ Parents are: ___Married ___Divorced ___Separated

Father's Employer _____ Address _____ Phone _____

Work hours: _____ to _____ Days of week _____

Mother's Employer _____ Address _____ Phone _____

Work hours _____ to _____ Days of week _____

In case of an emergency, please list names and phone numbers of persons who can be reached to pick up your child. These people will be allowed to pick up your child even if you have not notified the School in advance.

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Name _____ Relationship _____ Phone _____ Cell _____

Age of child when mother returned to work: _____ Previous school(s) _____

Does your child have any health concerns? _____

Child's Doctor: _____ Phone _____

Please use this space to profile your child and your goals and ambitions for his preschool years.

For Office Use Only:

Start Date: _____ Program & Days Enrolled: _____ Classroom: _____