



# APPLICATION FOR ADMISSION

\_\_\_\_\_ **Male or Female**  
First Name MI Last Name Preferred Nickname for Nametag  
\_\_\_\_\_  
Date of Birth Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_  
**Age as of September 1, 2020** \_\_\_\_\_  
Previous Class Experience \_\_\_\_\_

**Programs Applying for:**

**Two Year old Program**

\_\_\_ Furry Friends (F-9:45-11:45)

**Two/Three Year old Program**

\_\_\_ Froggy Friends (T&TH 9:15-11:45)

**Three Year old Program**

\_\_\_ Fauna Friends (M&W 9:15-12:15)

\_\_\_ Flora Friends (M&W 12:30-3)

**Three/Four Year old Program**

\_\_\_ Finned Friends (T,TH&F 12-3)

**Four Year Old Pre-K Program**

\_\_\_ Feathered Friends (M&W 9:30-2:30 & F 9:30-12)

\_\_\_ Flying Friends (T&TH 9:30-2:30 & F 12:30-3:00)

**Parent Information:**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Sate Zip

\_\_\_\_\_  
City Sate Zip

\_\_\_\_\_  
Occupation/Position

\_\_\_\_\_  
Occupation/Position

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
e-mail address

**Who will be your family's "Helping Parent"?** \_\_\_\_\_

**Does your child receive Special Services, such as speech therapy or services through Child Find?** Yes or No

**Are you also applying for Public PreK or at other schools?** Yes or No (For planning purposes only. This will not affect your application.)

***Please submit this application with a non-refundable \$75 application fee.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Sibling name and class: \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_