

Seeds of Knowledge Preschool Student Application

Name of Student _____ Birth Date _____

Address _____

Telephone _____ Cell _____

Father _____ Father's Employer _____

Position _____ Father's Daytime Telephone _____

Email: _____

Mother _____ Mother's Employer _____

Position _____ Mother's Daytime Telephone _____

Email: _____

If student not living with mother and father, indicate legal custody arrangements:

Other person to call in an emergency _____

Telephone _____ Relationship _____

Requested Schedule: (Check appropriate program box and requested days)

Pre-School Program

Pre K Program

Full Time Program: (All day, 5 days per week)

All Day Program: Mon Tues Wed Thurs Fri

Extended Care AM: Mon Tues Wed Thurs Fri

Extended Care PM: Mon Tues Wed Thurs Fri

Authorization to Leave School:

The following person(s) are authorized to pick up my child from school:

Name

Relationship

Phone

Physician to be called in case of emergency:

_____ Telephone _____

Preferred Hospital: _____

Insurance Carrier _____ Policy # _____

Does your child have any medical problems or limitations of which our staff should be aware?

Is your child on any type of medication? _____

Special Diet? Give instructions: _____

Has your child attended preschool before? _____ If yes, what is the name of the school
your child attended? _____

What is the reason for leaving previous school?

What would you most like for your child to accomplish at school this year?

Parent/Guardian's Signature _____ Date _____