

# BEST BEGINNINGS PRESCHOOL APPLICATION FORM

## Morning Sessions

8:55 to 11:15

- ▶ 2 ½ to 3yr. old program (Thur, Fri)
- ▶ 3yr. old program (Mon, Tue, Wed)
- ▶ 4yr. old program (Mon, Tue, Wed)
- ▶ Pre-K for Older 4s (Mon, Tue, Wed)
- ▶ Pre-K for Young 5s (Mon, Tue, Wed)

## Afternoon Sessions

12:25 to 2:45

- ▶ 3yr. old program (Mon, Tue, Wed)
- ▶ Pre-K for 4s (Mon, Tue, Wed)
- ▶ Pre-K for 5s (Mon, Tue, Wed)

### Below are options for **ADDITIONAL CLASS TIMES** at school

- Enrichment Day --- Thursday mornings for 4s and 5s
- 5 Day Kindergarten University --- Monday through Friday 8:55 to 11:15
- Extended Day (open to all ages) --- Monday through Wednesday 11:15 to 1:00

### INFORMATION CONCERNING CHILD (please print) :

Girl

Name \_\_\_\_\_ Boy Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Siblings: Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Siblings: Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Siblings: Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Lives with:      Mother and Father      Mother      Father

Call child by this name: \_\_\_\_\_ Teach child to write this name: \_\_\_\_\_

Other Preschool Experiences: \_\_\_\_\_

Include my name, address and phone number on the class roster:      YES      NO

▶ My child has allergies    yes    no    (please list on back of paper) ◀

Signature \_\_\_\_\_ Date \_\_\_\_\_