

# BEST BEGINNINGS PRESCHOOL APPLICATION FORM

Child's Name \_\_\_\_\_   Girl Birth Date: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
  Boy  
Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email address \_\_\_\_\_

## Please check class choice below:

3 year olds:     MTW am             MTW pm             ThF am  
Younger 4s:     MTWam             MTW pm             MTWTh am  
PreK 4s:         MTWam             MTW pm             MTWTh am         MTWThF am  
PreK 5s:         MTW am             MTW pm             MTWTh am         MTWThF am

OPTIONAL EXTENDED DAY --- Students stay Monday through Wednesday until 1:00 pm  
(Extended Day can be added to any class listed above)

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

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

Brothers & Ages \_\_\_\_\_

Sisters & Ages \_\_\_\_\_

Child Lives with:        Mother and Father            Mother            Father

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

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

Please list any allergies, medical problems, or other pertinent information about your child:

\_\_\_\_\_  
\_\_\_\_\_

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

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