

**Blue Grass Preschool
APPLICATION**

Name of Child: _____ Nickname: _____

Home Address: _____ Birthday: _____

_____ Home Phone: _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____ Wk. Phone: _____

Address if different from child: _____

Father's Name: _____ Occupation: _____

Place of Employment: _____ Wk. Phone: _____

Address if different from child: _____

Marital Status of Parents: Check one: Married Divorced Widowed Single

Name of Step Parent or Legal Guardian if applicable: _____

Names and ages of siblings:

Other persons living in the household: _____

Please fill in the chart below: (Approximately)

Drop Off Time		Pick up Time	
Monday	_____ am	_____	pm
Tuesday	_____ am	_____	pm
Wednesday	_____ am	_____	pm
Thursday	_____ am	_____	pm
Friday	_____ am	_____	pm

Who will usually drop off the child at the center? _____

Who will usually pick up the child at the center? _____

*Continue on Next Page
Continued*

Person's to be contacted in case of emergency other than parent:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Please answer the following questions to help us better understand your child. This information will remain confidential.

Does your child take a nap? _____ If so, how long? _____

Are there any sleeping problems? _____

How does your child let you know that she/he has to go to the toilet? _____

Has your child had any traumatic experiences that required hospitalization? _____

Please describe nature of experience: _____

Does your child have any great fears or anxieties? _____ Name them: _____

Has your child been enrolled in any other preschool program? _____ Where? _____

Your child's eating habits: Likes: _____ Dislikes: _____

Food Allergies: _____ Other allergies: _____

Does your child have any physical handicaps or speech impediments? _____

Is there anything else you would like us to know about your child? _____

In case of emergency, what hospital would you like for your child to be taken to? _____

Address and Phone # of hospital: _____

I agree to abide by the child development policies and procedures.

I further agree to pay my child's fee each Monday for the week.

I agree that in case of an accident or injury, emergency medical care may be given in the event that I cannot be reached. List name and phone number of child's physician: _____

Physicians Name **Phone #**

I give my consent for my child to take part in field trips under proper supervision and upon notifying me.

All enrolled children will be served the nutritious meals daily at no cost to the parent regardless of race, color, national origin, sex, age, or disability.

I understand that there is a late fee of \$1.00 per minute fee payable to the staff person on duty after 5:00 p.m. This fee is paid at the time of pick-up.

Parent Signature: _____ Date: _____