

# Playmates Preschool Application Form

Name of child \_\_\_\_\_ Birthdate \_\_\_\_\_

Child prefers to be called \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Names of Parents or Guardians \_\_\_\_\_

Father's place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Are parents married \_\_\_\_\_ divorced \_\_\_\_\_ other \_\_\_\_\_

Church affiliation \_\_\_\_\_

## Siblings of child:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

## Who will be transporting your child to and from school:

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Names of persons to contact if parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any specific things such as medical conditions, allergies, behavior issues, etc., that you think we should know about your child that will help us better understand your child.

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

Parent's Signature \_\_\_\_\_