

CONANT PRESCHOOL APPLICATION

Child's school name (nickname) _____

Child's full Name _____ Phone _____

Address _____ zip code _____

Phone # for emergency during school _____

Date of birth _____ Place of birth _____ Sex _____

Father's Name _____

If different than child's, give father's address and telephone number. _____

Mother's Name _____

If different than child's, give mother's address and telephone number. _____

Father's occupation, business address, and telephone number _____

Mother's occupation, business address, and telephone number _____

Name of legal guardian (if other than parents), address, and telephone number _____

Marital status of parents _____

| Persons to whom the child may be released and to be notified in an emergency | | |
|--|--------------|--------------|
| Name | Relationship | Phone Number |
| | | |
| | | |

Physician's Name _____ Phone _____

Address _____

If none of the previously listed persons can be contacted during an emergency, do you give the school and/or your physician the authority to take the actions they feel necessary in the best interest of the child?

_____, Signature

FAMILY:

NAME

AGE

Brothers:

Sisters:

Pets:

Others in household
and relationship

Help us be prepared to help your child adjust.

What schools or group experiences has he/she had previously? _____

Health:

Immunizations current? _____

Medications? If yes, please list and explain. _____

Allergies _____

Seizures, etc. _____

Language development:

Speech difficulties _____

Languages spoken in home _____

Etc. _____

Toilet training:

Is child toilet trained? _____

Words used for urination _____

Words used for bowel movement _____

Eating habits:

Does child self-feed? _____

Special likes and dislikes _____

Etc. _____

Sleep habits:

Usual bedtime _____

Usual awaking time _____

Naps _____

Etc. _____

Play habits:

Alone or with children _____

Play material child uses at home _____

Etc. _____

Parent's view of child:

Positives _____

Parent's view of child:

Concerns _____

Fears _____
 Tantrums _____
 Nail biting _____
 Thumb sucking _____

What does the parent hope child gains from attendance at the center? _____

May the school use photographs of the child for publicity purposes? _____

Is there a neighborhood child or special friend of your child also applying for the same school session?

| NAME | ADDRESS | DATE OF BIRTH | PHONE |
|-------|---------|---------------|-------|
| _____ | _____ | _____ | _____ |

Is it necessary for both children to be in the same nursery school session for transportation purposes? _____

The school retains the right to dismiss from the group any child who, after a reasonable trial, demonstrates inability to participate in or benefit from the school, or whose presence is detrimental to the group.

The first day, the child will meet the persons who will care for him and become acquainted with the premises while his parents, or other responsible persons are present.

Is there any significant deviant personal characteristic of the child, such as, physical, emotional or mental handicaps, that require special handling at the time of and subsequent to admission? _____

If yes, explain. _____