

BEST BEGINNINGS PRESCHOOL APPLICATION FORM

Child's Information: (please print) :

Girl

Name _____ Boy Birth Date ____/____/____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Email Address _____

Morning Sessions 8:55 to 11:15

Afternoon Sessions 12:25 to 2:45

- ▶ 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, Thur)

- ▶ 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. Please circle:

- 4 Day Preschool (M-Th)
- 5 Day Preschool (M-F)
- Extended Day Preschool to 1:00pm MTW (open to all ages)
- Extended Day Preschool to 1:00pm MTWTh (open to all ages)

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Sibling: Name _____ Birth date ____/____/____

Sibling: Name _____ Birth date ____/____/____

Sibling: Name _____ Birth date ____/____/____

Sibling: Name _____ Birth date ____/____/____

▶ Child lives with : Mother and Father Mother Father

▶ Call child by this name: _____ Teach to write this name: _____

▶ Other preschool experiences: _____

▶ Include my child's name, address and phone number on class roster: yes no

▶ My child has allergies: yes no (if yes, please list on back of this form)

Signature _____ Date _____

Revised 11/23