

Although not mandatory, a photo of your child would be appreciated. Please attach it to the application. Please supply a copy of vaccination record.

*Children must be 4 years old and potty trained by March 2, 2009.

Preschool will run from March 2nd to May 29th 2009 on Monday, Wednesday & Friday from 9:30-11:50am

Email: Ms. Thayer jthayer@chicopeek12.ma.us with any questions

*You will receive a phone call to confirm your child is in the program. We can accept ten applicants.

Child's Name: _____
Last First M.I.

Name used at home _____ Sex _____ Age _____ Date of birth _____

Address: Street: _____ Apt. # _____

City: _____ Zip: _____

Telephone _____ Cell Phone _____

Mother/Guardian Name: _____
Last First M.I.

o Street: _____ Apt. # _____

o City: _____ Zip: _____

o Telephone _____ Cell Phone _____

Father/Guardian Name: _____
Last First M.I.

o Street: _____ Apt. # _____

o City: _____ Zip: _____

o Telephone _____ Cell Phone _____

Other people living in the home	Relationship	Sex	Age (siblings)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact	Phone	Cell	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

HEALTH

Child's Pediatrician _____ Pediatrician's Phone _____

Address: _____

Any known allergies:

Special Diet:

Health Conditions:

Regular Medication:

SOCIAL

How would you describe your child?

Any previous experience with other children?

Favorite toys and activities

Favorite songs

How do you comfort your child?

Behavior management/discipline used at home

Is there anything else we should know about your child?

Parent/Guardian Signature

Date