Little Panthers Preschool Application – School Year 2015-16

Child's Name:		Gender: F	M Race:
I	Last F	irst Middle	
Name child goes by		Child's Birthdate: M	// I D Y
Child's Address:		Phone:	
Parents or Guardians:			
Name	Address	Phone	Place of Employment & Phone
1			
2			
Marital Status of Parents/G	uardians: Married	Divorced Separated Other	· <u> </u>
Other Children at Home:			
Name and Age		Name and Age	
1		_,3	,
2		_,4	
Who will have authority to	pick up your child	on a daily basis? (Please include name	and relationship)
1	, 2	,3	
In case parents cannot be re	ached, please give	us other emergency contact's name, ac	dress, and phone number:
Name:	Address:	Phone:	
Name:	Address:	Phone:	
Do you wish to enroll your	child in Kids Ques	t, the before/after school program at Sh	annon?
Yes: No:	Not sure:		
If my child is not enrolled it on a waiting list for any slo			ear, I would like school personnel to put my child
Yes: No:			
Parent/Guardian Signature		Date	

* Turn over to fill out questionnaire.

Please note that the deadline for returning the application is February 28, 2015.

Little Panthers Preschool –Questionnaire

Child's name:		Child's birthday:		Gender: M F			
Parent/Guard	ian's na	me:					
On a scale be development				neaning	poor and 5 meaning	ng excellent) how would you rat	te your child's
	Gets	along w	ell with	other ch	nildren:		
	1	2	3	4	5		
	Follo	ws direc	ctions:				
	1	2	3	4	5		
	Help	s others:					
	1	2	3	4	5		
	Toile	t trainin	g:				
	1	2	3	4	5		
social, and ph			•		·	school program where there are div	•
Comments?							
Do you feel y	our chil	d is a go	ood fit fo	or an inc	lusive preschool?		
Yes		No					
Why or why	not?						
Additional in	formatic	on/conce	erns?				