Little Panthers Preschool Application – School Year 2018-19

Child's Name:	Last	First	Gender: F Middle	M Race:
Name child goes by		_	Child's Birthdate: M	//Age:
Child's Address:			Phone:	_
Parents or Guardians:				
Name	Address		Phone	Place of Employment & Phone
1				
2				
Marital Status of Parents	/Guardians: Marrie	ed Divorce	ed Separated Other _	_
Other Children at Home:				
Name and Age			Name and Age	
1		, 3		,
2		, 4		
Who will have authority	to pick up your chi	ld on a daily b	asis? (Please include name a	nd relationship)
1	, 2		, 3	
In case parents cannot be	reached, please gi	ve us other em	ergency contact's name, addr	ess, and phone number:
Name:	Address: _		Phone:	_
Name:	Address: _		Phone:	_
Do you wish to enroll yo	ur child in Panther	Academy, the	before/after school program	at Shannon?
Yes: No:	Not sure: _			
If my child is not enrolled on a waiting list for any s			to start the 18-19 school year	, I would like school personnel to put my child
Yes: No:				
Parent/Guardian Signatur	re		Date	

* Turn over to fill out questionnaire.

Please note that the deadline for returning the application is February 28, 2018.

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 meanin	ng excellent) how would you r	rate your child's
	Gets	along w	ell with	other ch	ildren:		
	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					-	chool program where there are di	
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?				