Little Panthers Preschool Application – School Year 2017-18

Child's Name:		Gender: F	M Race:
	Last First	Middle	
Name child goes by		Child's Birthdate: M	_// D Y
Child's Address:		Phone:	
Parents or Guardians:			
Name	Address	Phone	Place of Employment & Phone
1			
2			
Marital Status of Parents/	Guardians: Married Dive	orced Separated Other _	_
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 dail	y basis? (Please include name a	nd relationship)
1	,2	, 3	
In case parents cannot be	reached, please give us other	emergency contact's name, addr	ess, and phone number:
Name:	Address:	Phone:	_
Name:	Address:	Phone:	_
Do you wish to enroll you	ur child in Kids Quest, the bef	fore/after school program at Shar	nnon?
Yes: No:	Not sure:		
	d in the Little Panthers Presch lots that open during that 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, 2017.

Little Panthers Preschool –Questionnaire

Child's name: _____ Gender: M F

Parent/Guardian's name: _____

On a scale between 1 and 5 (with 1 meaning poor and 5 meaning excellent)... how would you rate your child's development in the following areas?

As a parent or a guardian, will you fully support an inclusive preschool program where there are diverse pre-academic, social, and physical needs?

	Yes	No
Commen	its?	
Do you f	eel your child i	s a good fit for an inclusive preschool?
	Yes	No
Why or v	why not?	
Addition	al information/	concerns?