Little Panthers Preschool Application – School Year 2019-20

Child's Name:			Gender: F	М	Race	:
	Last	First	Middle			
Name child goes by		_	Child's Birthdate: M	/ D	/ Y	Age:
Child's Address:			Phone:			
Parents or Guardians:						
Name	Address		Phone		Place	e of Employment & Phone
1						
2						
Marital Status of Parents	s/Guardians: Married	1 Divorced _	Separated Other			
Other Children at Home	:					
Name and Age			Name and Age			
1		,3			,	
2		,4				
Who will have authority	to pick up your chile	d on a daily basi	s? (Please include name a	nd rela	ationship)	
1	,2.		,3			
In case parents cannot b	e reached, please giv	e us other emerg	ency contact's name, addr	ess, ar	nd phone r	umber:
Name:	Address:		Phone:			
Name:	Address:		Phone:			
Do you wish to enroll yo	our child in Panther A	Academy, the be	fore/after school program a	at Sha	nnon?	
Yes: No:	Not sure:					
If my child is not enrolle on a waiting list for any			start the 18-19 school year	:, I wo	uld like sc	hool personnel to put my child
Yes: No:						
Parent/Guardian Signatu	ire		Date			

* Turn over to fill out questionnaire.

Please note that the deadline for returning the application is February 28, 2019.

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?