## **Little Panthers Preschool Application – School Year 2020-21**

Child's Name: _	Last	First	Middle	Gender: F	M Race:	
		1 1181	Wildie	Child's Birthdate:  M	//Age:	
Child's Address	:			Phone:	_	
Parents or Guard	lians:					
Name		Address		Phone	Place of Employment & Phone	
1						
2						
Marital Status of	f Parents/Gu	nardians: Married	_ Divorced	Separated Other _	_	
Other Children a	nt Home:					
Name a	and Age		N	ame and Age		
1			3			
2			1			
Who will have a	uthority to 1	pick up your child on	a daily basis? (	Please include name ar	nd relationship)	
1		, 2		_, 3		
In case parents c	annot be re	ached, please give us	other emergenc	y contact's name, addre	ess, and phone number:	
Name:	Address: Phone:				_	
Name:		Address:		Phone:	_	
Do you wish to	enroll your	child in Panther Acad	emy, the before	/after school program a	t Shannon?	
Yes:	No:	Not sure:	_			
•		n the Little Panthers P s that open during tha		t the 19-20 school year	, I would like school personnel to put my child	
Yes: No	o:					
Parent/Guardian	Signature		D	ate		
_						

\* Turn over to fill out questionnaire.

Please note that the deadline for returning the application is February 28, 2020.

## Little Panthers Preschool –Questionnaire

Child's name:			Child's birthday:		Gender: M F		
Parent/Guard	ian's nai	me:					
On a scale be development				neaning	poor and 5 meani	ng excellent) how would	you rate 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		
	Helps	s others:					
	1	2	3	4	5		
	Toile	t trainin	g:				
	1	2	3	4	5		
social, and ph Yes Comments?	nysical n	eeds? No					
Comments?							
Do you feel y	our chile	d is a go	od fit fo	or an inc	lusive preschool?		
Yes		No					
Why or why	not?						
Additional in	formatio	on/conce	erns?				