## **Little Panthers Preschool Application – School Year 2021-22**

Child's Name:Last			Gender: F	M	Race:	
Last	First	Middle				
Name child goes by			Child's Birthdate:M	D .	Age:	
Child's Address:			_ Phone:	_		
Parents or Guardians:						
Name	Address		Phone		Place of Employment & Phone	
1						
2						
Marital Status of Parents/Gu	ardians: Married	_ Divorced	_ Separated Other _			
Other Children at Home:						
Name and Age		1	Name and Age			
1		3			_	
2	, 2	1			_	
Who will have authority to J	pick up your child on	a daily basis?	(Please include name as	nd relatior	nship)	
1	, 2		, 3			
In case parents cannot be re-	ached, please give us	other emergen	cy contact's name, addr	ess, and p	hone number:	
Name:	Address:		Phone:	_		
Name:	Address:		Phone:	_		
Do you wish to enroll your	child in Panther Acad	emy, the befor	re/after school program a	at Shannoi	n?	
Yes: No:	Not sure:					
If my child is not enrolled in on a waiting list for any slot			art the 20-21school year,	I would l	like school personnel to put my chi	ld
Yes: No:						
Parent email:						
Parent/Guardian Signature		- <u>1</u>	Date			

<sup>\*</sup> Turn over to fill out questionnaire.

## Little Panthers Preschool –Questionnaire

Child's name:		Child's birthday:		Gender: M F			
Parent/Guard	ian's naı	me:					
On a scale be development				neaning	poor and 5 meaning	ng excellent) how wou	ld 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	nysical n	eeds?					
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	n/conce	rns?				