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 | // Age: |
| Child's Address: | | Phone: | _ |
| Parents or Guardians: | | | |
| Name | Address | Phone | Place of Employment & Phone |
| 1 | | | |
| 2 | | | |
| Marital Status of Parents/Guardia | ans: Married 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 child on a daily basis | ? (Please include name ar | nd relationship) |
| 1,2 | 2 | , 3 | |
| In case parents cannot be reached | d, please give us other emerge | ency contact's name, addr | ess, and phone number: |
| Name: | Address: | Phone: | _ |
| Name: | Address: | Phone: | _ |
| Do you wish to enroll your child | in Panther Academy, the bef | ore/after school program a | at Shannon? |
| Yes: No: | Not sure: | | |
| If my child is not enrolled in the on a waiting list for any slots tha | | start the 20-21school year, | I would like school personnel to put my child |
| Yes: No: | | | |
| Parent email: | | | |
| Parent/Guardian Signature | | | |

* Turn over to fill out questionnaire.

Little Panthers Preschool –Questionnaire

| Child's name: | | Child's birthday: | | Gender: M F | | | |
|------------------------------|----------|-------------------|------------|-------------|-------------------|-----------------------------|-------------------|
| Parent/Guard | ian's na | me: | | | | | |
| On a scale bed 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 | ows direc | ctions: | | | | |
| | 1 | 2 | 3 | 4 | 5 | | |
| | Help | s others: | | | | | |
| | 1 | 2 | 3 | 4 | 5 | | |
| | Toile | et trainin | | | | | |
| | 1 | 2 | 3 | 4 | 5 | | |
| social, and ph Yes Comments? | ysical n | needs? | | | | | |
| Do you feel y | our chil | ld is a go | ood fit fo | or an inc | lusive preschool? | | |
| Yes | | No | | | | | |
| Why or why i | not? | | | | | | |
| Additional in | formatio | on/conce | erns? | | | | |