

Little Panthers Preschool Application – School Year 2026-27

Child's Name: _____ Gender: F M Race: _____
Last First Middle

Child's Birthdate: ____/____/____ Age: _____ (Child needs to be 4 by September 15th)
M D Y

Child's Address: _____ Parent Phone: _____

Parents or Guardians: Email: _____

Parents or Guardians: Name Address

1. _____

2. _____

* Other sibling in household and ages: _____

If enrollment becomes full for the 26-27 school year, I would like school personnel to put my child on a waiting list for any slots that open during that year.

Yes: _____ No: _____

Little Panthers Preschool –Questionnaire

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?

Gets along well with other children:

1 2 3 4 5

Helps others:

1 2 3 4 5

Follows directions:

1 2 3 4 5

Toilet training:

1 2 3 4 5

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

Comments?

Do you feel your child is a good fit for an inclusive preschool?

Yes

No

Why or why not?

I understand that all things being equal, priority is given to children turning four years of age by September 15th?

Yes

No

Application Due: February 6th

Additional information/concerns? _____