

Preliminary Application

Personal Information

Child's Name: _____

Child's Birthday: _____

Parents Name(s): _____

Phone Number: _____

1. Please select your desired schedule:
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Are you interested in the extended day program?
2. What are your expectations from our Preschool?
3. How many years will you need Preschool?
4. Has your child attended a child care center/Preschool in the past?
5. What did you like/dislike about a previous childcare/preschool experience?

6. Tell me about your child's personality. What are they like?

7. Does your child have any behavioral issues, or services that we need to be aware of?

8. Is your child potty trained? If so, can they prompt themselves to go? Do they need assistance?

9. Is your child Vaccinated?

10. Tell me about your child's learning needs. What areas can we help with?

11. Do you have any concerns or questions for me?