



"FRIENDS TOGETHER"

APPLICATION FORM

Child's Name _____

Date of Birth _____

Age _____ Male _____ Female _____

Parent's Name _____

Address _____

Phone - Home _____ Work _____

1. Proof of residency must be established. (See attached)
2. A copy of your child's birth certificate must be sent with application.
3. Has your child attended pre-school before? If yes, please explain the strengths and weaknesses of your child's experience.
4. Please list any medical concerns regarding your child. Note: A complete medical form will need to be completed by your pediatrician prior to entrance into the program. (You may use the back of this form or attach separate sheets for your responses.)