



NEW PHILADELPHIA CITY SCHOOLS PRESCHOOL APPLICATION

PLEASE TURN THIS APPLICATION IN TO THE QUAKER DOME. ONCE SPOTS OPEN YOU WILL RECEIVE A CALL TO SCHEDULE A SCREENING

Please Circle Time/School of Choice:

Dome East West No Preference

AM PM No Preference

Student Information

Last Name:		First Name:		Middle Initial:	
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Date of Birth:		Birthplace (City, State):	
Ethnicity:		Gender:	Male Female

Street Address:	
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City:		State:		Zip Code:		Phone:	
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Please Check Information Below:

- ☐ Typical: Full Tuition (\$100 per month/\$900 yearly)
- ☐ Waived Tuition: Early Childhood Education Grant, application through JFS
please contact school with questions about qualifying
- ☐ Possible Developmental Delays--Please Explain_____
- ☐ Interested in 1 Year Program (child is four on/before August 1st of the school year)
- ☐ Interested in 2 Year Program (child is three on/before August 1st of the school year)

Allergies or Medical Concerns:_____

Parent/Guardian Information: (CONTINUED ON BACK OF FORM)

Parent/Guardian 1 Name:_____

Address_____ Phone:_____

Place of Employment:_____ Phone:_____

Parent/Guardian 2 Name:_____

Address_____ Phone:_____

Place of Employment:_____ Phone:_____

Student lives with: (Please Circle All Applicable Answers Below).

Mother Father Foster Parent(s)

Parents/Guardians Are:

Step-Mother Step-Father Relative_____

Married Divorced Single

Guardian Grandparent(s)

Deceased Seperated

Are there any court orders, judgements entries, or custody papers concerning this student?

No___ Yes___

Does this student have siblings? (Name/Grade)_____

Signature of Parent/Guardian_____ Date Filled Out:_____

Received by:_____ Date Received:_____