APPLICATION
Tech Center Preschool

Please check preferred session. **Date received** _____

___ AM (8:00 am-10:00 am)

___ PM (11:25 am-1:25 pm)

Child's Name _____ Phone # _____

Address _____ Zip _____

Nickname _____ Sex ___ M ___ F Birth date _____

Neighborhood/Development _____

Father/Stepfather _____ Phone # _____ - _____

Address _____ Zip _____

Place of Employment _____

Work Phone # _____ -E- _____ Cell Phone # _____ - _____

Mail Address: _____

Mother/Stepmother _____ Phone # _____ - _____

Address _____ Zip _____

Place of Employment _____

Work Phone # _____ - _____ Cell Phone # _____ - _____

E-Mail Address: _____

Parents Marital Status: (__) Married (___) Single (___) Divorced (___) Widow(er)

If divorced, who has custody? _____

Is the noncustodial parent allowed to pick up the child? _____

List of persons allowed to pick up child including parent picking up children:

1. _____ Phone # _____ - _____
2. _____ Phone # _____ - _____
3. _____ Phone # _____ - _____
4. _____ Phone # _____ - _____
5. _____ Phone # _____ - _____

Emergency contact other than parents:

1. _____ Phone # _____ - _____
2. _____ Phone # _____ - _____
3. _____ Phone # _____ - _____

Allergies? Please list allergies, if any.

1. _____
2. _____
3. _____

Medical problems? Give instructions of care for listed problems.

1. _____
2. _____
3. _____

- The teachers along with the school nurse's advice are authorized to make medical decisions in case of an emergency.
- If your child becomes ill at school you agree to pick him/her up immediately.
- Your child must be potty-trained.
- You must provide us with a copy of a physical exam at enrollment. Exam must have been given during the last twelve months.
- You must provide us with a copy of the immunization record and the immunizations must be current at time of enrollment.
- The information provided is accurate.

Signature _____ Date _____