

**Blue Grass Preschool  
APPLICATION**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ Birthday: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

Marital Status of Parents: Check one:  Married  Divorced  Widowed  Single

Name of Step Parent or Legal Guardian if applicable: \_\_\_\_\_

Names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

Other persons living in the household: \_\_\_\_\_

Please fill in the chart below: (Approximately)

Drop Off Time		Pick up Time	
Monday	_____ am	_____	pm
Tuesday	_____ am	_____	pm
Wednesday	_____ am	_____	pm
Thursday	_____ am	_____	pm
Friday	_____ am	_____	pm

Who will usually drop off the child at the center? \_\_\_\_\_

Who will usually pick up the child at the center? \_\_\_\_\_

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Person's to be contacted in case of emergency other than parent:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following questions to help us better understand your child. This information will remain confidential.

Does your child take a nap? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Are there any sleeping problems? \_\_\_\_\_

How does your child let you know that she/he has to go to the toilet? \_\_\_\_\_

Has your child had any traumatic experiences that required hospitalization? \_\_\_\_\_

Please describe nature of experience: \_\_\_\_\_

Does your child have any great fears or anxieties? \_\_\_\_\_ Name them: \_\_\_\_\_

Has your child been enrolled in any other preschool program? \_\_\_\_\_ Where? \_\_\_\_\_

Your child's eating habits: Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Other allergies: \_\_\_\_\_

Does your child have any physical handicaps or speech impediments? \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

In case of emergency, what hospital would you like for your child to be taken to? \_\_\_\_\_

Address and Phone # of hospital: \_\_\_\_\_

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I agree to abide by the child development policies and procedures.

I further agree to pay my child's fee each Monday for the week.

I agree that in case of an accident or injury, emergency medical care may be given in the event that I cannot be reached. List name and phone number of child's physician: \_\_\_\_\_

**Physicians Name** **Phone #**

I give my consent for my child to take part in field trips under proper supervision and upon notifying me.

All enrolled children will be served the nutritious meals daily at no cost to the parent regardless of race, color, national origin, sex, age, or disability.

I understand that there is a late fee of \$1.00 per minute fee payable to the staff person on duty after 5:00 p.m. This fee is paid at the time of pick-up.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_