

Austin Avenue Preschool Admission Form

Child's Name _____ Child's Date of Birth _____ Sex _____

Home Address _____ City _____ Zip _____

Home Phone _____

Father Name _____

Mother Name _____

Address (if different from child's address) _____

List telephone #s below where parent/guardian may be reached while child will be in our care:

Mother's telephone _____ Father's telephone _____

Guardian's telephone _____ Other telephone _____

Father email _____

Mother email _____

Please give the name, address, and telephone of person to call in case of emergency if parent/guardian cannot be reached: _____

____ I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

____ I have provided Austin Avenue Preschool with a copy of my child's most current immunization record.

____ For children in PreK 4 - I have provided Austin Avenue Preschool with a Hearing and Vision Screening report.

Parent Signature _____ Date _____

Desired Days for Enrollment:

Core Time

Extended Care Time

Mondays _____

AM Care _____

PM Care _____

Tuesdays _____

AM Care _____

PM Care _____

Wednesdays _____

AM Care _____

PM Care _____

Thursdays _____

AM Care _____

PM Care _____

Fridays _____

AM Care _____

PM Care _____