

Moreau Community Center  
Pre-School Application

Date: \_\_\_\_\_ Staff Member Approval: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address: \_\_\_\_\_

**Parent #1 Contact Info:**

Name: \_\_\_\_\_ Pref. Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

**Parent #2 Contact Info:**

Name: \_\_\_\_\_ Pref. Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

*Check here if single-parent household:* \_\_\_\_\_

**Additional Information:**

Sibling(s) \_\_\_\_\_ DOB \_\_\_\_\_ School Attending \_\_\_\_\_

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

Daycare provider of child applying (if applicable): \_\_\_\_\_

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

Alternate Pick-Up \_\_\_\_\_ / Emergency Contact \_\_\_\_\_ (check one or both)

Name

Phone

Relationship to child

**Health Information:**

1. Does your child have any problems, such as a speech, vision, hearing, or orthopedic situation, that might affect their participation in some areas of the programming?

\_\_\_\_\_

2. Is your child left or right handed? \_\_\_\_\_

3. Is your child toilet trained? \_\_\_\_\_ **\*your child must be toilet trained in order to attend\***

4. Does your child have any specific health or behavioral problems?

\_\_\_\_\_

5. Has your child had all of their immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Doctor's Name

Address

Phone

7. ***In the event of an emergency, if a parent or guardian cannot be reached, I give permission to have my child taken to the nearest physician or emergency treatment center as needed, and I will assume financial responsibility for this.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A \$25, non-refundable, fee is required to enroll your child. It guarantees your child's participation in the program and is used to purchase supplies.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For Staff Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Uploaded / Filed: \_\_\_\_\_