

Moreau Community Center Pre-School Application

Date: _____ Staff Member Approval: _____

Child's Name: _____ DOB _____ Gender _____

Address: _____

AM _____ | PM _____ Classes are held on Monday, Tuesday, Thursday, and Friday

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 _____
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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 their immunizations? Yes _____ No _____

6. Doctor's Name _____	Address _____	Phone _____
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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
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A \$25, non-refundable, fee is required to enroll your child. It guarantees your child's participation in the program and is used toward the purchase of supplies.

_____ Parent Signature	_____ Date
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For Staff Use Only:
Received by: _____ Date: _____
Uploaded / Filed: _____