|  |  |
| --- | --- |
| Freeport Area Preschool Application |  |

## Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name(s) |  | | | |
| Street Address |  | | | |
| City ST ZIP Code |  |  | |  |
| Home Phone |  | School Year |  | |
| Work Phone |  | Application Date |  | |
| E-Mail Address |  | | | |

## Child Information

### Please provide information about your child:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Class use Name |  |
| Birth Date |  | Age as of 10/1 |  |
| Gender |  | Session | Fall Spring Both |

## Child Profile

### Please provide some details for us to better get to know your child

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Allergies | Yes No | | Explain |  | |
| Siblings | Yes No | | Names (Ages) | |  |
| Pets | Yes No | | Explain | |  |
| Interests |  | | | | |
| Fears/Phobias | |  | | | |

## Pick up/Drop off Information

### Please provide us with some details of who will be dropping off and picking up your child.

|  |  |  |  |
| --- | --- | --- | --- |
| **Main Drop-Off** |  | Phone Number |  |
| **Main Pick-Up** |  | Phone Number |  |
| Additional Person |  | Phone Number |  |
| Additional Person |  | Phone Number |  |
| Additional Person |  | Phone Number |  |
| Additional Person |  | Phone Number |  |
| PASSWORD: | In case of pick up by a non-stated person |  |  |

## Comments/Concerns

### If you have any comments or concerns, please tell us about them here.

|  |  |  |  |
| --- | --- | --- | --- |
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|  |  |  |  |
|  |  |  |  |
|  |  | Signature |  |