

## Preliminary Application

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Email Address \_\_\_\_\_

(Please circle all that apply)

Is this child a current student or a sibling of a former student? [Yes No]

If yes, please give name(s) of former student and attendance dates

Name \_\_\_\_\_

Attendance Dates \_\_\_\_\_

What class is this student applying for? [3 4 Pre-K]

What days will this student attend school? [Mon Tues Wed Thurs]

Will this student require **before** school care? [Yes No]

[Mon Tues Wed Thurs]

Will this student participate in the Lunch Bunch program? [Yes No]

[Mon Tues Wed Thurs]

Will this student require **after** school care? [Yes No]

[Mon Tues Wed Thurs]

**\*All Preliminary Applications must include a nonrefundable check for \$75.00**

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