



Office Use
Date Recd _____
Contact _____
Enrolled _____

# LITTLE CONESTOGA PRESCHOOL

## Application for Admission

Child's Name \_\_\_\_\_ Is Called \_\_\_\_\_ M \_\_\_ F \_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

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

Workplace \_\_\_\_\_

Day Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

Workplace \_\_\_\_\_

Day Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address (so we may contact you with school information) \_\_\_\_\_

List names and ages of brothers and sisters at home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If single parent, indicate relationship with other parent \_\_\_\_\_

List anyone else living at home with child \_\_\_\_\_

