

Cougar Kids Preschool Application

Child's Full Name: _____

Child's Nickname: _____ Child's Sex: _____

Child's Birthday: _____ **Child must be at least 3 years old and fully potty trained.

Child's Address(es): _____

PARENT INFORMATION

Marital Status of Parents: _____

Parent 1 Name: _____ Parent 1 Occupation: _____

Parent 1 Phone Number: _____ Parent 1 Email: _____

Parent 2 Name: _____ Parent 2 Occupation: _____

Parent 2 Phone Number: _____ Parent 2 Email: _____

EMERGENCY INFORMATION

Emergency Contact (s)	Phone Number	Relationship to Child

Physician's Name	Physician's Address	Physician's Phone Number

If none of the previously listed persons can be contacted during an emergency, do you give the school and/or your physician the authority to take actions they feel are in the best interest of the child? ____ Yes ____ No Signature _____

HOUSEHOLD INFORMATION

Sibling's Name	Sibling's Age
Pet (s)	Type of Pet

Are there any others in the household? ____ Yes ____ No

If yes, please list their name and relationship to child: _____

CHILD INFORMATION:

What school(s) or groups experiences has your child had previously?

Health, Language, Eating and Social/Emotional Development:

****** You must provide current immunization records on the 1st day of preschool each year and when your child has a check-up during the year.

	Yes or No	Explain/List
Medications		
Allergies		
Additional health concerns (seizures, etc)		
Language(s) spoken at home		
Any speech delays or difficulties		
Is your child fully potty trained?		Word for urination: Word for bowel movement:
Does your child self-feed?		
Does your child have special likes/dislikes?		
Sleep Habits	X	What time does your child wake? What time does your child go to bed? Does your child still take naps?
Play Habits	X	Does your child prefer to play alone or with other children? What are your child's favorite toys or activities?
Does your child have specific fears?		
Does your child have tantrums?		
Does your child have nervous habits (thumb sucking, biting nails, etc)?		

Is there a significant physical, emotional, and/or intellectual disability that requires special accommodations during preschool?

_____ Yes _____ No If yes, please explain: _____

PARENT'(S) VIEW OF CHILD

What are the positives/your favorite things about your child?

Do you have any concerns about your child in a school setting? If so, what are they?

What do you hope for your child to gain from attending Cougar Kids Preschool?

The school may use photograph's of the child for publicity purposes:

_____ Yes _____ No

Is there a friend of your child's attending Cougar Kids Preschool at the same time?

_____ Yes _____ No If yes, please include child's name: _____

The school has the right to dismiss your child from the class if, after a reasonable trial period, he/she demonstrates the inability to participate in or benefit from the school, or whose presence is detrimental to the group.

Parent Signature: _____