

Pilmoor Pre-School
Student Application

2-Day _____
3-Day _____
4-Day _____
Registration Pd. _____

Personal Information:

Child's Name: _____ Middle: _____ Last: _____

Nickname: _____

Address: _____

Home Phone: _____ DOB: _____ Age: _____ Sex: M / F

e-mail Address: _____

Father's Name: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Name and age of siblings: _____

General Health Information:

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Group Number: _____ Primary Holder: _____

List any physical disabilities or health problems:

Has your child experienced any serious illness, injury, hospitalization, major/minor surgery? _____

*List any allergies: _____ *

*Food restrictions or physical activity restrictions: _____ *

Please indicate by a check the areas that apply:

_____ appears to be right handed _____ appears to be left handed

_____ visual exam _____ hearing exam _____ dental exam

_____ bodily functions under control _____ able to attend to own personal hygiene needs

EMERGENCY CONTACT: _____

Relationship: _____ Phone Number: _____

Transportation Providers:

List people who are able to pick up and transport your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Both legal parents are able to pick up a child unless court documentation states otherwise. Additional names may be attached. Amendments to names given must be in writing for our records.

***Please complete the back part of this form also.**

Other Information:

Describe your child's attitude towards pre-school: _____

What expectations do you have for your child's teacher? _____

Describe any other information you feel is important for the teacher to know to better meet your child's needs: _____
