

Little Scholars Preschool
805 Old Main Street, Rocky Hill, CT 06067

Pre-K 3

Students must be 3 by September 1st

Start Date _____

Name of Child: _____
Last First Middle

Name to be used in school: _____

Primary language: _____ Other languages spoken: _____

Date of Birth: _____ Male / Female (circle one)

Father's Full Name: _____

Mother's Full Name: _____

Address: _____
Number and Street, Apt # City/Town State/Zip

Home Telephone: _____ Cell: _____ Cell: _____
Mother Father

E-mail Address: _____
Mother Father

Father's Occupation: _____ Work phone: _____

Business Name and Address: _____

Mother's Occupation: _____ Work Phone: _____

Business Name and Address: _____

Siblings / Other children in household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has anyone in your family attended Little Scholars Preschool? Yes / No (circle one)
If yes, relationship to child _____

Does your child have any previous school experience? Yes / No (circle one)
If yes, where and how was his/her experience? _____

How did you hear about Little Scholars Preschool? _____

Does your child have any allergies? If yes, please explain: _____

In order to enter Little Scholars Preschool, each child **must** have submitted an up-to-date health form, completed paperwork (distributed in May), and must be completely toilet trained with **no accidents, no “pull ups”, and independent while toileting.**

Tuition must be paid by the 1st of each month from September 1st to May 1st.

We the undersigned agree to abide by the Bylaws of Little Scholars Preschool, including stipulations, and to meet tuition requirements.

_____	_____	_____
Mother's Signature	Please Print Name	Date

_____	_____	_____
Father's Signature	Please Print Name	Date

_____ Non-Refundable Application Fee of \$100.00 is enclosed
(Please make check out to Little Scholars Preschool)

Date entered: _____ (office use only)