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| Young Stars Preschool Application 2017-2018 | | | | | | | |
| Child’s Information | | | | | | | |
| Name *(first, middle, last)*: | | | | | | | |
| Date of birth: | | | Nickname: | | | | Applying for*(please circle)*:  2 day *($160/month)*  3 day *($215/month)*  5 day *($340/month)* |
| Current address: | | | | | | | |
| City: | | | State: | | | | ZIP Code: |
| Gender: Male Female (Please circle) | | | Language spoken at home: | | | | Any special needs? |
| First time in preschool: Yes No *(please circle)* | | | Allergies: | | | |  |
| Parent/Guardian Information | | | | | | | |
| **Name**: | | | | | | | Child lives with: yes no *(please circle)* |
| E-mail address: | | | | | | | Address *(if different from above):* |
| Phone: | | | Work number: | | | | Occupation: |
| **Name:** | | |  | | | | Child lives with: yes no *(please circle)* |
| Email address: | | |  | | | | Address *(if different from above):* |
| Phone: | | | Work number: | | | | Occupation: |
| Emergency Contact | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | Phone: |
| City: | | | State: | | | | ZIP Code: |
| Relationship: | | | | | | | |
| Pick up Authorization | | | | | | | |
| The following people (other than myself) have the approval to pick up my child: | | | | | | | |
| #1: | | | #2: | | | | #3: |
| #4: | | | Please do not allow this person to pick up my child: | | | | |
| Family Information | | | | | | | |
| this will help me get to know students and help me find a starting point when working 1 on 1 with your child. | | | | | | | |
| Number of people in my family: | | | | | | | |
| Names, relationship, and ages of those family members: | | | | | | | What I like: |
| #1: | | | #4: | | | |  |
| #2: | | | #5: | | | | What I dislike: |
| #3: | | | #6: | | | |  |
| Quick Assessment: *(please circle yes or no)* | | | Write my first name: yes no | | | | I am good at: |
| Know all my colors: yes no | | | Know all my shapes: yes no | | | |  |
| Count to ten: yes no | | | Sing my ABC’s: yes no | | | |  |
| Know my lowercase letters: yes no | | | Know my uppercase letters: yes no | | | | I need help at: |
| Know the sounds letters make: yes no | | | Can write the numbers 1-10: yes no | | | |  |
| How did you learn about Youngstars Preschool? | | | | | | | |
| Website: | Facebook: | Newspaper: | |  | Referral *(name):* | Other: | |
| Signatures | | | | | | | |
| Signature of parent/Guardian: | | | | | | | Date: |
| Please email completed application to [sascha@youngstarspreschoolfm.com](mailto:sascha@youngstarspreschoolfm.com)  Once your application has been received, It will be reviewed and you will be contacted in 3-5 business days. | | | | | | | |