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| Young Stars Preschool Application 2018-2019 |
| Child’s Information |
| Name *(first, middle, last)*: |
| Date of birth: | Nickname: | Applying for*(please circle)*:  2 day *($165/month)* 3 day *($220/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 |  |
| Can write all my lowercase letters: yes no | Can write all my Uppercase letters: yes no | I can add numbers within 10: yes no |
| I know at least 5 sight words: yes no | I know all directional words: yes no | I can finish simple patterns: 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.comOnce your application has been received, It will be reviewed and you will be contacted in 3-5 business days. |