

Meadowbrook Preschool

Application for admission

Child's name _____ Name goes by _____
Child's birthday _____ Sex _____ Home phone _____
Address _____ City, State, Zip _____
Father's name _____ Occupation _____
Work Phone _____ Cell _____
Mother's name _____ Occupation _____
Work Phone _____ Cell _____
Former School _____ Physician _____
Emergency contact _____ Phone _____
Child's siblings _____

List all communicable diseases or serious illnesses and/or allergies

Parents email address _____

Please indicate the program for which your child is registering using your child's age as of Sept. 1, 2017

- | | |
|--|--|
| <input type="checkbox"/> Pre-K (5 days) | <input type="checkbox"/> MDO 13-24 mo.(5 days) |
| <input type="checkbox"/> 3 year old (5 days) | <input type="checkbox"/> MDO 13-24 mo. (MWF) |
| <input type="checkbox"/> 3 year old (MWF) | <input type="checkbox"/> MDO 13-24 mo. (TTH) |
| <input type="checkbox"/> 2 year old (5 days) | <input type="checkbox"/> MDO 6-12 mo. (5 days) |
| <input type="checkbox"/> 2 year old (MWF) | <input type="checkbox"/> MDO 6-12 mo. (MWF) |
| <input type="checkbox"/> 2 year old (TTH) | <input type="checkbox"/> MDO 6-12 mo. (TTH) |

Agreement: In case of emergency or illness of my child, you are authorized to secure the above physician if I cannot be reached.

Parent's signature _____ Date _____

This form is not valid without the \$160 registration fee.

Paid _____