



*SMCE Preschool*

## 3 Year Old Preschool Application Form

Please **PRINT** all information.

### CHILD INFORMATION

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Male  Female  Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Birth Certificate No. \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Religion/Parish: \_\_\_\_\_

Address: \_\_\_\_\_  
House No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ Lot No. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Child lives with: Both Parents  Mother  Father  Other  Relationship: \_\_\_\_\_ Legal Custody with: \_\_\_\_\_  
**(Must provide court papers)**

Public School District of Residence: \_\_\_\_\_ Did child attend another preschool? No  Yes  Name of School (if Yes): \_\_\_\_\_

What language(s) does the child speak? \_\_\_\_\_ What language is spoken in the home? \_\_\_\_\_

### FAMILY INFORMATION

	First/Last Name	Home Address	Home Phone #	Place of Employment	Work Address	Work Phone #
<b>Father</b>						
<b>Mother</b>						
<b>Step-Parent</b>						
<b>Step-Parent</b>						
<b>Other</b>						

Other Children Living in Home:

First/Last Name	Relationship to Applicant	Birth Date

### Child's Physical Description at Time of Application

Eye Color:	Hair Color:
Height:	Weight:

Over

## HEALTH INFORMATION

Does child have health insurance coverage? No  Yes

Name of Physician or Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has child ever had surgery? No  Yes

Type of operation: \_\_\_\_\_ Date: \_\_\_\_\_

Does child have allergies? No  Yes  Type: \_\_\_\_\_

Allergy Medication: \_\_\_\_\_

Does child have allergies to any medication? No  Yes  Type: \_\_\_\_\_

List prescription medications child is currently taking: \_\_\_\_\_

Medical Conditions: Diabetes: No  Yes  Heart Problems: No  Yes

Epilepsy: No  Yes  Asthma: No  Yes

Other: \_\_\_\_\_

Records were copied on: \_\_\_\_\_ Date \_\_\_\_\_

Initials: \_\_\_\_\_

## OTHER INFORMATION

In order to properly plan for an incoming student, the school needs to know if there is any educational, developmental, psychological, behavioral, social, or medical history that affects the student's learning.

Please check No or Yes if your child has received any of these services. If Yes, please briefly describe.

Early Intervention Program No  Yes  \_\_\_\_\_

Developmental History: No  Yes  \_\_\_\_\_

Medical History: No  Yes  \_\_\_\_\_

Physical Conditions: No  Yes  \_\_\_\_\_

Other: No  Yes  \_\_\_\_\_

Ethnicity:  Black  Asian  Hawaiian/Pacific Islander  Native American/Alaskan

White  Multiracial  Hispanic  Non-Hispanic

By placing my/our signature(s) below, I/we verify that all information is accurate and complete. I/We realize that failure to provide accurate information about my/our child may jeopardize enrollment at this school. I/We further verify that no information has been omitted.

Parent/Guardian Signature

Please Print Name

Email Address

Date

Parent/Guardian Signature

Please Print Name

Email Address

Date