

Office Use

Registration Fee: \_\_\_\_\_  
Check Number: \_\_\_\_\_  
Proof of Identity: \_\_\_\_\_  
Class: \_\_\_\_\_



**Celebration Preschool 2018-2019 Application Form**

APC Member \_\_\_\_\_ Current Student/Sibling \_\_\_\_\_ Alumni \_\_\_\_\_ General Public \_\_\_\_\_  
Please Number Preference: 2 ½ year-olds: Monday AM \_\_\_\_\_ Friday AM \_\_\_\_\_ Monday/Friday AM \_\_\_\_\_  
Please Number Preference: 3 year-olds: M/W/F AM \_\_\_\_\_ T/TH AM \_\_\_\_\_  
T/W/TH AM \_\_\_\_\_ T/W/TH PM \_\_\_\_\_  
Please Number Preference: 4/5 year-olds: Monday-Thursday AM \_\_\_\_\_ Monday-Friday AM \_\_\_\_\_  
T/W/TH PM \_\_\_\_\_ Monday-Thursday PM \_\_\_\_\_

Child's Name: \_\_\_\_\_ Name to be used/recognized in classroom: \_\_\_\_\_

Sex: \_\_\_\_\_ M \_\_\_\_\_ F Age: \_\_\_\_\_ Birth date (mm/dd/yyyy): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer & Business Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer & Business Address: \_\_\_\_\_

Person(s) with legal custody of child (if not parents please indicate relationship to child): \_\_\_\_\_  
\_\_\_\_\_

Name of person to contact when parents cannot be reached: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other people living in your household (please list all siblings, grandparents, etc.):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schools previously attended by your child and dates attended: \_\_\_\_\_

Will your child need special services in the classroom? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list  
any special services: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_