



THE SCHOOLHOUSE
PRESCHOOL ACADEMY

Admissions Application

Learner's Name:

Date of Application:

Learner's Birthday:

Current Age:

Desired Enrollment Date:

Preschool Program applying for (circle one):

1 & 2 Years

3 & 4 Years

5 Years (Kindergarten)

Admissions Procedures

1. Complete the following application and return to the school with the **\$175 Annual Registration fee.**
2. Schedule family meeting.

APPLICANT INFORMATION

Please complete all sections

Learner's Full Name

FIRST

MIDDLE

LAST

Name Preferred

Circle One:

Male

Female

Date of Birth

Age on September 1st

Address

City

State

Zip Code

Home Phone Number

Alternate Number

FAMILY INFORMATION

Mother's Full Name (or Legal Guardian)

Father's Full Name (or Legal Guardian)

Occupation

Title

Occupation

Title

Employer

Employer

Business Address

Business Address

City

State

Zip Code

City

State

Zip Code

Business Phone

Business Phone

FAMILY INFORMATION

Home Address

Home Address

City State Zip Code

City State Zip Code

Home Phone Cell Phone

Home Phone Cell Phone

Email

Email

Marital Status: Married Separated Divorced Single

If divorced, name of custodial parent

If different from learner's, which name(s) and address (es) should correspondence be sent?

Name

Address

City State Zip Code

Are there any limitations on either parent's rights to visit or pick-up child from school? Yes No

If yes, please attach a copy of the court order to keep on file at The Schoolhouse.

Sibling Information

Name Age Grade School

Name Age Grade School

Name Age Grade School

Name Age Grade School

SCHOOL HISTORY

Has your child attended preschool before? ___ Yes ___ No

Current Preschool Information

Name of preschool:

Address

City

State

Zip Code

Preschool Type: ___ Non-Profit

___ Independent / Private

Student : Teacher Ratio ___ to ___

Reason for leaving:

Are there any personal characteristics, particular academic or extracurricular interest, or special circumstances of the learner you wish to bring to our attention?

EMERGENCY INFORMATION

Please provide name of person(s) to whom The Schoolhouse is authorized to contact for guidance in a medical emergency when the parents are unavailable:

Contact Name #1

Relationship

Address

Primary Phone

Secondary Phone

Contact Name #2

Relationship

Address

Primary Phone

Secondary Phone

Primary Care Physician

Name Affiliated Hospital

Address Office Phone Secondary Phone

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

Third Party Release Authorization

Please provide name of person(s) to whom The Schoolhouse is authorized to release this child in addition to the parents/guardians provided. The Schoolhouse WILL NOT release this child to any other person(s) not identified below. Changes to the names below must be provided in writing prior to authorizing release.

Contact Name #1 Relationship

Address Primary Phone Secondary Phone

Contact Name #2 Relationship

Address Primary Phone Secondary Phone

ACKNOWLEDGEMENT

We would like to acknowledge all referrals. How did you learn about THE SCHOOLHOUSE?

Name and Address

To the best of my knowledge, the information I provided on this form is true and accurate.

Signature (Parent or Guardian)

Date

*Thank you for taking the time to complete the Application
for Admission to The Schoolhouse.*

We look forward to partnering with your family.