

<i>Office Use Only</i>
Start Date: _____
End date: _____
New: ___ Returning: ___
Resident: _____
Non-Resident: _____
App fee pd: _____

Orchard Downs Preschool Application 2022-2023

Date of Application: _____
Month/Day/Year

Student's Citizenship: _____ Birthday: _____
Month/Day/Year

Given Name of Student: _____ Name student will be called: _____
(if different than given name)

Address: _____

PARENT OR GUARDIAN INFORMATION

Father/Guardian: _____ Mother/Guardian: _____

Preferred phone number to use: () _____ Preferred phone number to use: () _____

Preferred email to use: _____ Preferred email to use: _____

Work Phone: () _____ Work Phone: () _____

UIN # _____ UIN # _____

OTHER PERSONS TO NOTIFY IF PARENT/GUARDIAN CANNOT BE REACHED

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Tell us about your child

Does your child have any medical conditions? Y N

If yes, please provide information below:

Does your child regularly take medication? Y N If yes, please fill out medication form in the school office.

Does your child have any allergies? Y N

If yes, please provide information below:

Does your child have any special dietary considerations? Y N

If yes, please provide information below:

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name: _____ Address: _____

Phone: () _____ Hospital or Clinic: _____

Does your child have any fears? Y N

If yes, describe below:

Does your child have special names for objects (potty, cookies, drink, etc)? Y N

If yes, describe below:

Is your child able to use the bathroom by themselves? Y N

Primary language(s) spoken at home: _____ Does your child speak English? Y N

Does your child understand English? Y N Has your child attended a preschool/daycare? Y N

Other information that will help in caring for your child: _____
