

PARKSIDE PRE-SCHOOL
2024/2025 School Year Application Form
(Must be accompanied with a \$35.00 application fee)

Child: _____
Last First MI

Nickname: _____ Birth Date: _____
(Month/Day/Year)

Address: _____
Street City Zip

Enrollment Request: (check one) _____ Monday through Friday 9:00 a.m. to 12:00 noon
_____ Mon., Wed., & Fri. 9:00 a.m. to 12:00 noon
_____ Tues., & Thurs. 9:00 a.m. to 12:00 noon
(Other) _____

Parent 1: _____
Last First MI

Birth Date: _____ Marital Status: _____ Telephone: _____
(Month/Day/Year) (M or S)

Address: _____
Street City Zip

Employer: _____
Name Address

Business Telephone: _____ Work Hours: _____

Parent 2:

_____ Last First MI

Birth Date: _____ Marital Status: _____ Telephone: _____
(Month/Day/Year)

Address: _____
Street City Zip

Employer: _____
Name Address

Business Telephone: _____ Work Hours: _____

Primary Telephone No.: _____

Primary Email Address: _____

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Family/Household Information:

Siblings and/or Household Members (i.e., Grandparents, Nannies, Etc.)

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Background and Experiences:

Has your child had previous childcare or nursery school experiences? _____

Please Describe:

Will your child be involved in any type of childcare arrangement during the year?

Where? _____ Name of Caregiver:

Does your child have any special needs or handicapping conditions? _____

Please describe: _____

Is there any other information that will help us know and better understand your child?

The information provided on this application I deem to be true to the best of my knowledge.

Signature of Parent or Guardian

Date

Parkside Pre-School believes in equal opportunity and admits children of any race, color and national or ethnic origin.
Application fees are non-refundable. Extended day hours are arranged separately.