



office use only	
Date Rec'd:	_____
Time Rec'd:	_____
Cash/Check#:	_____
Amount:	_____
Class:	_____

## STUDENT APPLICATION

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Does your child have any allergies?  Yes  No Please list allergies: \_\_\_\_\_

Does your child take medication on a regular basis?  Yes  No Please list medications: \_\_\_\_\_

Child lives with:  Mother  Father  Both  Other \_\_\_\_\_

Are there any custody issues that we need to be aware of? \_\_\_\_\_

Is your child potty trained?  Yes  No (Students in the 3Y/O program and above must be potty trained.)

Mother's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Church currently attending: \_\_\_\_\_

In case you are not able to be reached, who is another contact person we can call? \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please list all people (excluding the parent/guardian) who are permitted to pick up your child:

\_\_\_\_\_

\_\_\_\_\_

## Medical Information

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

In case of emergency, I authorize Station Hill MDO to contact emergency personnel (ambulance/fire/police) on behalf of my child and their immediate need. I understand that every effort will be made to contact me (the parent/guardian) should such a situation occur.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Immunization Records must be received by August 10th of the current school year.\*\*\***

Is there any additional information that we need to know about your child? \_\_\_\_\_

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One of the steps to register our preschool with the state is to make parents aware that we are not required to be licensed by the state because students attend only two days per week, for no more than 6 hours per day. By signing below, you acknowledge your awareness of the following statement:

***This facility is not required to be licensed by the state as a child care agency.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_