APPLICATION FOR ADMISSION TO LOLLIPOP LANE PRESCHOOL

(Lollipop Lane, PO Box 208, Holton, KS 66436)

Name of Child _____ Nickname _____

Male _____ Female _____ Date of Birth _____

Transportation: Own ( ) Carpool ( ) Grandparent ( )

Father's Name _____ Father's Cell _____

Occupation _____

Place of Employment _____ Work Phone _____

Mother's Name _____ Mother's Cell _____

Occupation _____

Place of Employment _____ Work Phone _____

Home Address _____ Home Phone _____

Name and ages of other children in the family:

1. _____ Date of Birth _____
2. _____ Date of Birth _____
3. _____ Date of Birth _____

Name and relationship of other members of household:

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____

Three persons to call should a parent not be available: (please notify these persons)

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

Are there any physical limitation(s): (i.e. heart murmur, glasses, speech delays, etc.) Be specific

_____

Food Allergies _____ Non food Allergies _____

Favorite Food _____ Favorite Activity _____

Does child take lessons of any kind? (Dance, Gymnastics, Etc.) _____

Words used for urinating _____ Bowel Movement _____

Church preference _____

Name of person picking up at dismissal time _____

Name of Physician _____ Phone _____

Name of Childcare Provider _____ Phone _____

Signature of both parents _____

_____