

# The Train Station Summer Preschool Application 2023



Child's name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_ Sex: Male Female Phone (\_\_\_\_) - \_\_\_\_\_

Desired Scheduled \_\_\_\_\_

(Please include days of the week, with drop-off and pick up times)

Will your child be napping \_\_\_\_\_ Yes \_\_\_\_\_ No

Start Date \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of sibling \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student resides with \_\_\_\_\_

Names

relationship

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Number \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctors Address \_\_\_\_\_

Emergency Numbers (in order of priority)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child have any eating restrictions and/or allergies?

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Does your child have any fears we should be aware of? (dogs, storms, etc.)

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Does your child have any physical or emotional problems we should be aware of?

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Tell us about your child.

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How did you hear about our school?

Friends: \_\_\_\_\_

Brightmoor attendee: \_\_\_\_\_

Neighbors: \_\_\_\_\_

Flyer: \_\_\_\_\_

Internet search: \_\_\_\_\_

Other (please explain): \_\_\_\_\_