Eagle Christian PRESCHOOL
Making a Difference

Application for Admission

1107 E Iron Eagle Dr. Eagle, ID 83616

Applicant Information:

Student's Legal Name:_____

Preferred name: _____

Street Address:_____

City: _____ State:_____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____

Home Phone (____) _____ Cell Phone: (____) _____

Program Applying For:

_____Pre-K I T-Th 3 and 4 year olds (3 by September 1st)

9am – 12:30pm 9am – 2pm

_____ Pre-K II M-W-F 4 and 5 year olds (4 by September 1st)

9am – 12:30pm 9am – 2pm

_____Kindergarten M-F, 9am – 2pm, 5 and 6 year olds

Please list previous preschools or daycares attended:

Name of School	**City/State**	**Reason for Leaving**
_____	_____	_____
_____	_____	_____

Is your child used to being away from you? _____

Is your child able to use the restroom by him/herself? _____

Family Information:

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
City: _____State: _____Zip:_____	City: _____State: _____Zip:_____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

Applicant lives with: Parents _____Mother _____Father_____Other:_____

Legal Custody: Parents_____Mother_____ Father _____Other: _____

Please list all other children living with the family:

Name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list those who are authorized to pick up your child (other than mother/father):

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____

Student Medical information:

Student's Name: _____

Doctor's Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Are all required immunizations up to date? _____ (please provide copy of record)

Do you have a waiver for immunizations? _____ (please provide a copy)

Does your child have any chronic/ongoing health problems? _____

If yes, please explain: _____

_____

Does your child use any medication on a regular basis? _____

If yes, please explain: _____

_____

Does your child have any allergies? _____

If yes please list all allergies:

_____

Does your child have difficulty seeing or hearing? _____

If yes, please explain: _____

_____

Has your child ever been diagnosed with dyslexia or ADD? _____

If yes, please explain: _____

_____

In an emergency situation when the child's parent(s) cannot be reached, the following people will be contacted. You must list at least two people in the local area.

Emergency Contacts: (please indicate relationship to applicant)

Name: _____ Home Number: _____

Relationship:_____ Cell Number: _____

Work Number: _____

Name: _____ Home Number: _____

Relationship: _____ Cell Number: _____

Work Number: _____

In the event of a medical emergency when neither the child's parent(s), legal guardian(s), nor any designated emergency contacts can be reached, I give permission for a representative of Eagle Christian Preschool to obtain whatever emergency medical care is deemed necessary for my child. I understand I will be financially responsible for any and all charges related to such medical emergency.

Signed: _____ Date: _____

About Your Child:

What are some of your child's strengths, abilities, or special interests? Any pets?

_____

_____

Is there anything else you would like us to know? (feel free to use the back if you need more room)

_____

_____

_____