

**C-TEC PRESCHOOL  
APPLICATION FOR ENROLLMENT**

For Office Use Only:

Date Received : \_\_\_\_\_

School year for which you are applying \_\_\_\_\_

Child's full name \_\_\_\_\_ Sex \_\_\_\_\_

Name you want us to use with child \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home telephone number \_\_\_\_\_ Child lives with:    Mother    Father    Both

School district in which you reside \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Father's Name: Address: Phone:	Occupation: Employer: Address: Phone:
Mother's Name: Address: Phone:	Occupation: Employer: Address: Phone:

Names and birthdates of brothers and sisters \_\_\_\_\_

\_\_\_\_\_

Has your child had any previous preschool experience? \_\_\_\_\_

If so, where? \_\_\_\_\_

Does your child have any health problems or allergies? \_\_\_\_\_

Please list \_\_\_\_\_

Please list any unusual experiences or interests your child may have \_\_\_\_\_

\_\_\_\_\_

In case of sickness or accident, name of physician preferred: Dr. \_\_\_\_\_  
Address \_\_\_\_\_

Name, address, and phone number of close friend, relative or neighbor \_\_\_\_\_

Session preferred:

Three-year-olds: Child must be three on or before September 30<sup>th</sup> of the year enrolled.

\_\_\_\_\_ Tuesday, Thursday mornings, 9:00-11:10

\_\_\_\_\_ Tuesday, Thursday afternoons, 12:00-2:10

Four-year-olds: Child must be four on or before September 30<sup>th</sup> of the year enrolled. Also includes 5 year olds who are not in school.

\_\_\_\_\_ Monday, Wednesday, Friday mornings, 9:00-11:10

\_\_\_\_\_ Monday, Wednesday, Friday afternoons, 12:00-2:10

\*Session preference will be honored as often as possible; however, we cannot guarantee enrollment or session preference. Parents will be contacted in late spring prior to the year of enrollment.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Return To: C-TEC Preschool  
150 Price Road  
Newark, OH 43055