

**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:

Four-year-olds: Child must be four on or before September 30th 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