

# C-TEC PRESCHOOL

Office Use Only:

## APPLICATION FOR ENROLLMENT

Received : \_\_\_\_\_  
(revised: June 2019)

For

Date

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

Child's full name (on birth certificate) \_\_\_\_\_

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

Birthdate \_\_\_\_\_ State/City where born  
\_\_\_\_\_

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

Main telephone number \_\_\_\_\_ Child lives with: Mother  
Father Both Other

(circle one)

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

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

Parent/Guardian Name: Address: Phone:	Occupation: Employer: Address: Phone:
Parent/Guardian Name: Address: Phone:	Occupation: Employer: Address: Phone:

Names and birthdates of brothers and sisters

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Has your child had any previous preschool experience?

If so, where?

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Continue on the  
back.....

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Does your child have any health problems or allergies?

Please list

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In case of sickness or accident at preschool, name of physician preferred:

Dr. \_\_\_\_\_

Address \_\_\_\_\_

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

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Session preferred:

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. If your child turns 4 during the year (after

September 30<sup>th</sup>) we will put his/her name on a waiting list to join preschool after their 4<sup>th</sup> birthday if there is room.

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

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

\*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.

Parent/Guardian

Signature \_\_\_\_\_

Date \_\_\_\_\_

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