

## BOOKERT: WASHINGTON PRESCHOOL APPLICATION FOR ADMISSION

CHECK ONE:NEW STUDENT APPLICATION RE-ENROLLMENT APPLICATION			
Child's name:	DOB:	Male or Female (Circle one)	
Address:	City, State:	ZIP Code:	
Previous school or care:	Current age: Years Months.	Expected date of entry:	
IEP: Yes No (circle one )	Special needs:	Medication: Yes or No	
Sibling #1 Name	Age:	School:	
Sibling #2 Name:	Age:	School:	
Student resides with:Both ParentsFatherMotherGuardian  Language(s) spoke at home other than English:  Parent/Guardian Name #1:			
Address:		How long at address?	
City:	State:	ZIP Code:	
Phone:	Email:	Fax #:	
Level of Education Completed:	Applying for Aid?	Annual income:	
High School Some College Undergraduate Graduate School	HRA ACS	00	
Parent/Guardian Name 2:			
Address:		How long at address?	
City:	State:	Zip:	
Phone:	Email:	Fax #:	
Level of Education Completed:	Applying for Aid?	Annual income:	
High School Some College Undergraduate Graduate School	HRA ACS	\$00	

Please describe your child:			
Please tell us what you are honing this pre-school	eynerience will accomplish for your child	1.	
Please tell us what you are hoping this pre-school experience will accomplish for your child:			
Please describe your thoughts and methods concerning discipline:			
DAILY SCHEDULE  Please check the schedule your child will need.			
REGULAR SCHOOL DAY - 8:30 AM to 2:45 PM	M EXTENDED DAY -8:	:30 PM to 5:45 PM	
PICK UP LIST			
Name:	Relationship to Child	Phone:	
1.			
2.			
3.			
4.			
I understand that my child will not be released to a	any nerson not authorized on this sheet	(initial)	
I understand that my child will not be released to any person not authorized on this sheet. (initial)  I am the only one who is able to pick up my child. (Initial)			
If my arrangements for pick-up change, I am aware that I must write a note or call the school. (Initial)			
How did you hear about our preschool? A family member A friendwell	bsiteSocial mediaAdverti	sement	
PARENT NAME: PARE	NT SIGNATURE:	PATE:	
		/	