

Email _____

Date Received _____



MAGDALEN'S PRESCHOOL PROGRAM APPLICATION
2201 OLD US 23 HIGHWAY ~~ BRIGHTON, MI 48114-7609
PHONE (810) 229-0010

CHILD'S NAME _____

HOME ADDRESS _____

(City) (State) (Zip)

NAME TO BE CALLED IN SCHOOL _____

BIRTH DATE _____ GENDER _____

MOTHER'S NAME _____

OCCUPATION _____

HOME ADDRESS (If different from child) _____

(PLEASE INCLUDE ZIP CODE) PHONE NUMBER _____ Cell _____
(PLEASE INCLUDE AREA CODE)

FATHER'S NAME _____

OCCUPATION _____

HOME ADDRESS (If different from child) _____

(PLEASE INCLUDE ZIP CODE) PHONE NUMBER _____ Cell _____
(PLEASE INCLUDE AREA CODE)

NAMES AND BIRTHDAYS OF OTHER CHILDREN IN FAMILY:

HAS THE CHILD HAD ANY OTHER GROUP EXPERIENCES? _____

(ex. Sunday School, Library, ect.) _____

WHERE DID YOU HEAR ABOUT US? _____

DID ANYONE REFER YOU TO OUR PRESCHOOL? _____

HAS YOUR CHILD BEEN BAPTIZED? _____ WHERE? _____

WHERE ARE YOU CHURCH MEMBERS NOW? _____

I AGREE TO ACCEPT THE RESPONSIBILITIES OF THE PROGRAM.

Parent/Guardian Signature _____

Date _____

How did you hear about our preschool program _____

CHILD'S NAME _____

Please number in order of your preference.
We will do our best to place your child in
your choice, but we cannot make guarantees.

3 year olds

Tu/Th (am) _____
Wed/Fri (am). _____
Mon/Wed/Fri (am) _____
Tu/Th/Fri (am) _____

4 year olds

Mon/Wed/Fri (am) _____
Tu/Thu/Fri (am) _____
Mon/Tu/Wed/Th (am) _____
Mon/Tu/Wed/Th/Fri (am) _____

"Early 5's"

Mon/Tu/Wed/Th (am) _____
Mon/Tu/Wed/Th/Fri (am) _____

Please let us know if you have interest in a PM program or an extended day class. _____ YES _____ NO

PLEASE INCLUDE A \$75.00 APPLICATION FEE (nonrefundable) WITH THIS APPLICATION. This will secure your
child's spot in our program. We accept students on a first come first serve basis.

PERSONAL INFORMATION FORM

These questions are designed to help the teachers become better acquainted with your child. Your cooperation is appreciated.

PHYSICAL DATA:

Does he/she have any medical needs, allergies, or concerns we should be aware of? Y / N

At what age did he/she start walking?

At what age did he/she start talking?

HOUSING:

Persons comprising household?

ACTIVITIES:

Does he/she play actively?

Does he/she tire easily?

With what does he/she like to play with the most?

SLEEP HABITS:

Does he/she take an afternoon nap?

Does he/she sleep well?

PERSONAL INFORMATION FORM

FEARS:

Does your child fear animals?

Does your child fear any particular situation?

Does he/she fear any particular sound?

TOILET HABITS AND DRESSING:

Is he/she likely to have accidents?

What does he/she say when he/she needs to toilet?

PERSONALITY TRAITS:

How would you describe his/her personality?

What do you hope to have him/her gain from the program?

Do you have any comments you wish to add?

ANY SPECIAL TALENTS OF MOTHER OR FATHER WHICH YOU MIGHT BE WILLING TO SHARE WITH THE CHILDREN??
