



Little Friends Preschool

Application for Admission



Child's Name _____ Known as _____

Sex _____ Age _____ Date of Birth _____ Contact Number _____

Home Address _____ City _____ State _____ Zip _____

Person(s) With Legal Custody of Child(relationship) _____

Name of Mother _____ Cell Phone _____

Email Address _____

Employer _____ Business Phone _____

Name of Father _____ Cell Phone _____

Email Address _____

Employer _____ Business Phone _____

Name of Child's Physician _____ Phone _____

Name of Hospital Preferred _____

Emergency Contact #1 _____ Relationship to Child _____

Cell Phone _____ Work Phone _____

Emergency Contact #2 _____ Relationship to Child _____

Cell Phone _____ Work Phone _____

Person(s) authorized to pick up child _____

Person *NOT* authorized to visit or pick up child _____

Other people in household (indicate relationship; e.g., brother, grandmother, etc:)

Name

Relationship

Age

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Member _____ Where _____

Church Preference _____