



## MCW 2024 - 2025 Preschool Application

Student's full Name: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Age as of September 1, 2024: \_\_\_\_\_

Student Profile: This information is helpful to preschool staff when students share about their families, experiences and adventures.

Guardian #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Place of business: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Working hours: \_\_\_\_\_

Guardian #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Place of business: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Working hours: \_\_\_\_\_

Child Care provider information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Days at Child Care: \_\_\_\_\_

Preferred location (NOT GUARANTEED):

TRIMONT

SHERBURN

Does your student require bussing (available for 3 and 4 year olds): NO YES

Would you like additional information about our School Readiness Scholarship (based on MCW Free/reduced meals): NO YES

Tuition for 2024-2025:

3 year old program - \$90/month 4 year old program - \$120/month

NON-REFUNDABLE DEPOSIT PAID ON: \_\_\_\_\_ with \_\_\_\_\_

Siblings:

Name

Age

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Family Pets including names:\_\_\_\_\_

\_\_\_\_\_

Grandparents:\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts if guardian is not available:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

In case of a weather event during which the child could not be returned home, please indicate the name and number of someone living in town that your child can stay with:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Who will bring the child to school? \_\_\_\_\_ Phone: \_\_\_\_\_

Who will pick the child up from school? \_\_\_\_\_ Phone: \_\_\_\_\_

Special dietary or medical needs of child, including allergies:\_\_\_\_\_

\_\_\_\_\_

Previous group experiences, such as Sunday School, Day Care, etc:

Place: \_\_\_\_\_ Age at time: \_\_\_\_\_

Place: \_\_\_\_\_ Age at time: \_\_\_\_\_

Have you noticed your child to be:

☐ Right handed

☐ Left handed

Have you noticed any of the following:

☐ Possessiveness

☐ Stubbornness

☐ Temper Tantrums

☐ Shyness

☐ Inappropriate language

☐ Cries easily

☐ Physically aggressive

Is there anything we should be aware of or watch for?\_\_\_\_\_

\_\_\_\_\_

What would you like your child to gain from this learning experience?\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR CHILD MUST BE INDEPENDENT WITH  
USING THE BATHROOM - no pull-ups!**