

Perkins Preschool



6550 Ravenna Avenue N.E.
SEATTLE, WA 98115
206-522-1131

APPLICATION FOR PRESCHOOL

Date applied _____

Applying for _____

School year

Date started _____

OFFICE

Child's Name _____

Address _____

Last

First

Middle

Street

City/State

Zip Code

Phone Number

Date of Birth _____ Place of Birth _____ Date of last complete physical _____

Physician _____ Phone _____

Address _____

Applying for : 12:00 1:30 3:00 Full Time

(please circle one)

Date of last dental exam _____

Is your child enrolled in any programs

Previous School attended: _____

listed below?

Contact: _____

OT/PT ESL Speech/Language Therapy

List of Siblings and Schools they attend:

(please circle if applicable)

Name _____ School _____

Name _____ School _____

Marital Status of Parents _____

PARENT ONE

Residence address _____ Home Phone _____

Cell Phone _____

Place of employment _____ E-Mail _____

Occupation _____ Work Phone _____

PARENT TWO

Residence address _____ Home Phone _____

Cell Phone _____

Place of employment _____ E-Mail _____

Occupation _____ Work Phone _____

Name of persons authorized to pick up your child and/or to be called in emergency

if parents cannot be reached:

Emergency Contact _____ Phone _____

Emergency Contact _____ Phone _____

Person responsible for tuition:

Name _____

Address _____

Please send \$50.00

application fee with application.

Signature _____