



John Knox Preschool

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North Olmsted, Ohio 44070
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PUPIL APPLICATION
Date _____

SCHOOL YEAR **200** –**200** PLEASE RETURN FORM AND FEE BY _____

(Spaces are filled in order of response.)

3 YEAR OLD CLASS: [] Mornings (Thursday, Friday)

4 YEAR OLD CLASS: [] Mornings (Monday, Tuesday, Wednesday)

PRE-K CLASS: [] **Afternoons** (Monday, Tuesday, Wednesday and Thursday)

Name _____ Date of Birth _____
Last First Middle

Home Address _____ Home Phone _____

Father's Name _____ Work Phone _____
Occupation _____
Work Place and Address _____

Mother's Name _____ Work Phone _____
Occupation _____
Work Place and Address _____

E-mail Address(es) _____

In the event of an emergency, if the parents cannot be reached, please contact:

Name _____ Phone _____
Address _____ Relationship _____
Name _____ Phone _____
Address _____ Relationship _____

Do both parents now live with the child? _____
If not, which parent has custody? _____

List names and dates of birth (DOB) of other children in the family:

Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

Are you a member of John Knox Church? _____ If not, religious preference _____

Have you ever had a child enrolled at John Knox Preschool? _____
Name _____ Year enrolled _____

Please note that all information provided on this form will be kept confidential.

PERSONAL HISTORY **

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Last Name _____ First Name _____

By what name is the child called at home? _____

What does your child like to do or play with at home? _____

Is there anything that you would like us to know about your child that would help us to understand him/her better? _____

What would you particularly like us to help you with concerning your child? _____

***Medical Record and Emergency Information forms are due on your child's first day of school. Please be sure to fill out each form completely.*

PARENT ROSTER STATEMENT

In accordance with rule 5101: 2-12-32 of the Administrative Code, a roster for each group of children, which includes names and telephone numbers of parents, custodians, or guardians of children attending the center must be prepared annually and given to parents, custodians, or guardians upon request. Class lists are distributed to each parent to help families become acquainted.

NO OUTSIDE USES OF THIS INFORMATION ARE APPROVED.

I, _____, WOULD like my name and telephone number to be included in this roster.

I, _____, WOULD NOT like my name and telephone number to be included in this roster.

Date

Signature

Please note that all information provided on this form will be kept confidential.