



KINDERGARTEN APPLICATION

DATE OF APPLICATION _____

Child's Name _____ Date of Birth _____ Age by Sept. 30 _____

Name to be used (if different from first name) _____ Sex _____ M/F

Street Address _____ City/Zip _____

Home Phone _____ E-mail _____

Name Previous School/Program and Year(s) attended _____

How Did You Learn of Our Program? _____

Siblings Attend(ed)? _____

Family Information

Father _____ Place Employed _____ Phone _____

Cell _____

Mother _____ Place Employed _____

Phone _____

Cell _____

Marital Status of Parents (Circle) Married Separated Divorced Single Parent w/custody

Both Parents Living At Home Yes /No

Legal Guardian (if not parents) _____

Person(s) Responsible for Child's Tuition _____

Names and Ages of Other Children _____

Church Membership/Affiliation _____

Complete Reverse Side

OFFICE USE ONLY

Place of Birth _____

Birth Certificate Number _____

Birth Date Verified _____

Date Issued _____

Student Health Record on file _____

Medical and Developmental Information

Does your child.....

have any allergies? _____

have any medical conditions? _____

take any medications on a regular basis? _____

attend(ed) any speech, occupational, or physical therapy?
If so, please explain.

Has your child been diagnosed with any developmental and/or learning disorder which would require special attention? _____

Have an IEP through any school district? Y / N _____ (i.e., Speech, occupational, physical, spectrum disorder)

Have you had any concerns regarding your child's development? _____

If necessary, please use this space to give us any information that will help us understand and work more effectively with your child.

EMERGENCY CONTACT AND AUTHORIZATION FORM completed at start of school year.

SCHOOL POLICIES (Copies available in the office and online)

PUBLICITY/ INFORMATION AUTHORIZATION

I give permission for SBP to use photographs that may include my child for publicity/advertising. I give permission for SBP to share address, phone, and email information for class/school directories.

Parent/Guardian's signature

AUTHORIZATION FORM

Kindergarteners are dismissed daily by the teacher at our school entrance. Please list those persons authorized to pick up your child. Identification will be required by persons not known to the school.

Child's name _____

Authorized person(s): _____

Parent/Guardian's signature _____

Date _____