

# Dunellen High School

## Pre-school Education Program Application

Name of child \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on October 1<sup>st</sup> of this year \_\_\_\_\_

Are you a resident of Dunellen? \_\_\_\_\_

Address \_\_\_\_\_ Home Phone( ) \_\_\_\_\_

Father's Place of Business \_\_\_\_\_

Father's Business Phone( ) \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_

Mother's Business Phone( ) \_\_\_\_\_

Emergency phone # (different from above) \_\_\_\_\_

Names and ages of brothers and/or sisters \_\_\_\_\_

Have any of the child's brothers or sisters attended the high school pre-school program?

Yes \_\_\_\_\_ no \_\_\_\_\_ If yes, when ? \_\_\_\_\_

Does the child currently belong to any organized class or play group? Yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is the child toilet trained? Yes \_\_\_\_\_ no \_\_\_\_\_

List any allergies the child may have \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone # ( ) \_\_\_\_\_

List any special concerns or fears the child may have \_\_\_\_\_

Email \_\_\_\_\_

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What do you hope to gain for the child from the pre-school experience? \_\_\_\_\_