



APPLICATION FOR ADMISSION

Full Name of Child: _____

First

Middle

Last

Nickname / Preferred Name: _____ Date of Birth: _____

Place of Birth: _____ Gender: Male Female

Application for: 2 Years (Bumblebees) 3 Years (Butterflies) 4/5 Years (Sunflowers)

For admission: ASAP Fall 20____ Spring 20____ Summer 20____

FAMILY INFORMATION

Parent / Guardian Information:

Title: Dr. Mr. Mrs. Ms. Relationship to Child: _____

Full Name: _____

Street Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Parent / Guardian Information:

Title: Dr. Mr. Mrs. Ms. Relationship to Child: _____

Full Name: _____

Street Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

FAMILY INFORMATION, CONTINUED

- Parents married Mother deceased Father deceased
 Parents separated * Parents divorced * Parents never married *

* Please indicate who has **legal** custody: _____

* Please indicate who has **physical** custody: _____

- Mother remarried Father remarried

Stepparent Information:

Title: Dr. Mr. Mrs. Ms. Relationship to Child: _____

Full Name: _____

Street Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Siblings:	Name	M/F	Date of Birth	School

REFERRAL:

How did you hear about Lake Tahoe Preschool? _____

Please list relatives/friends who currently attend or are alumni of Lake Tahoe Preschool:

EDUCATION

Current School Name: _____ Date of Entrance: _____

Address: _____

HOME LIFE:

Primary language spoken at home: _____

Additional languages spoken at home: _____

Is your child regularly cared for by anyone other than parents? Yes No

If yes, by whom? _____ Days per week: _____ Hours per day: _____

BACKGROUND

Feel free to attach additional pages if you require more space.

What are your child's interests and strengths?

Describe your child's relations / interactions with siblings and other children.

What do you hope your child will accomplish at Lake Tahoe Preschool?

Has your child had any difficulties in school? Yes No

If yes, what support have you or the current school provided? _____

Are there any pertinent medical, psychological, or emotional issues that may require special attention or limit participation in school activities? Yes No

If yes, please describe: _____

ASSESSMENT INFORMATION

Has your child had any form of achievement, developmental, speech or psychological testing during the last 3 years? Yes No

If yes, please include a copy of the results.

CERTIFICATION AND SIGNATURES

We/I certify that the information in this application is true, accurate and complete. We/I authorize Lake Tahoe Preschool, Inc. to request any information that it believes is relevant to this application process. This includes, but is not limited to, information obtained from our/my child's present and previous schools, educational consultants, medical providers and other specialists who may have knowledge useful to the admission process. We/I understand false, incomplete, omitted or misleading information given in this application or during the application process may result in a refusal to admit or dismissal in the event of admission.

Each parent / legal guardian must sign this application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Lake Tahoe Preschool, Inc. adheres strictly to a policy of non-discrimination, and no child will be refused admission on the basis of race, color, sex or national origin.