



MCW 2024 - 2025 Preschool Application

Student's full Name: _____

Birthdate (MM/DD/YYYY): _____ Age as of September 1, 2024: _____

Student Profile: This information is helpful to preschool staff when students share about their families, experiences and adventures.

Guardian #1:
Name: _____
Address: _____
Phone #: _____
Email: _____
Place of business: _____
Position: _____
Business Phone: _____
Working hours: _____

Guardian #2:
Name: _____
Address: _____
Phone #: _____
Email: _____
Place of business: _____
Position: _____
Business Phone: _____
Working hours: _____

Child Care provider information:

Name: _____

Address: _____

Phone #: _____

Days at Child Care: _____

Preferred location (NOT GUARANTEED): TRIMONT SHERBURN

Does your student require bussing (available for 3 and 4 year olds): NO YES

Would you like additional information about our School Readiness Scholarship (based on MCW Free/reduced meals): NO YES

Tuition for 2024-2025:
3 year old program - \$90/month 4 year old program - \$120/month

NON-REFUNDABLE DEPOSIT PAID ON: _____ with _____

Siblings:
Name _____ Age _____

Family Pets including names: _____

Grandparents: _____

Emergency Contacts if guardian is not available:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of a weather event during which the child could not be returned home, please indicate the name and number of someone living in town that your child can stay with:

Name: _____ Phone: _____

Who will bring the child to school? _____ Phone: _____

Who will pick the child up from school? _____ Phone: _____

Special dietary or medical needs of child, including allergies: _____

Previous group experiences, such as Sunday School, Day Care, etc:

Place: _____ Age at time: _____

Place: _____ Age at time: _____

Have you noticed your child to be: Right handed Left handed
Have you noticed any of the following: Possessiveness Stubbornness
 Temper Tantrums Shyness Inappropriate language
 Cries easily Physically aggressive

Is there anything we should be aware of or watch for? _____

What would you like your child to gain from this learning experience? _____

Signed: _____ Date: _____

**YOUR CHILD MUST BE INDEPENDENT WITH
USING THE BATHROOM - no pull-ups!**