Mini Mustang Preschool Application

Child's Name: _____ Age:_____

Birth Date: _____/_____/_____ Gender: M F

Family Information:

Parent's Name(s):_____

Subdivision:_____

Address: _____ City: _____ Zip:_____

Home Phone: _____ Cell phone:_____

Email address:_____

Siblings:

Name	*Gender*	*Age*	*School Sibling Attends*

Important Information:

Is your child toilet trained? Yes No

Does your child have allergies or health concerns? Yes No

Please List:_____

Is there any other information you would like to share with us? Please tell us of any social, emotional, or physical concerns you feel we need to understand:

_____

Primary language spoken by your child and/or in your home_____

Parent Verification:

The safety and success of all students (preschool and high school) are our primary concern. I verify that my preschooler is at a maturity level that high school students in this course are reasonably equipped to handle. As the parents of _____, I understand the importance of regular school attendance, and that the Mini Mustang Preschool will be my child's only preschool program. My family lives within the school boundaries of Indian Prairie School District 204.The Metea Valley High School staff reserves the right to determine if our program is an appropriate placement for each preschool student.

Please sign: _____