

Casa Grande Union High Preschool Application

Today's Date _____ Child's age _____ Gender _____

Child's Name _____
Last First Middle

Child's Birthdate ____ / ____ / ____ (birth year please)

Name you want your child to be called by us: _____

Ethnicity: _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell phone _____

Address of home or driving description _____
(If different from mailing address)

Mother's Name _____
Last First Middle (Maiden)

Place of Employment _____ Phone _____

Father's Name _____
Last First Middle

Place of Employment _____ Phone _____

If child does not live with both parents, please answer the following:

1. Are parents: ___seperated___ divorce ___single___ other
2. Who is the child living with or has custody during preschool? Please provide legal documents if applicable?

Name: _____ Phone _____

Names and ages of child's brother's and sisters:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any previous or current medical history that could affect your child's participation in activities? If so, please explain: _____

Is your child allergic to anything? _____ If yes, please list: _____

In Case of Emergency, whom may we contact?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Doctor/Clinic _____ Phone: _____

Child's Dentist/Clinic _____ Phone _____

Child's Care Provider outside Preschool _____

Address _____ Phone _____

Cell Phone _____

To help the high school students know what to expect of your child, please use the space below to describe your child and his or her likes, dislikes, fears, fun times, special stories, etc. _____

PLEASE INCLUDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND SHOT RECORDS