



# Miss Linnie's Sunflower Preschool

## Application Request Form

License # 304310914

Application Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Applying for School Year: \_\_\_\_\_ Requested Starting Date: \_\_\_\_\_

Does child live with mother/father/both/guardian? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Ph. \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Ph. \_\_\_\_\_

Guardian's Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Ph. \_\_\_\_\_

Where did you hear about our program? \_\_\_\_\_

Is your child a sibling of a previous enrollee? \_\_\_Yes \_\_\_

If Yes, Name of Sibling(s) \_\_\_\_\_

Principal Language at Home \_\_\_\_\_ Does child understand English? \_\_\_Yes \_\_\_No

Is this your child's first preschool experience? \_\_\_Yes \_\_\_No

If yes, where did he/she previously attend? \_\_\_\_\_

Requested Days/Times/Location (Sunflower Campus):

Mon \_\_\_\_\_ Times \_\_\_\_\_ Location \_\_\_\_\_

Tues \_\_\_\_\_ Times \_\_\_\_\_ Location \_\_\_\_\_

Wed \_\_\_\_\_ Times \_\_\_\_\_ Location \_\_\_\_\_

Thur \_\_\_\_\_ Times \_\_\_\_\_ Location \_\_\_\_\_

Fri \_\_\_\_\_ Times \_\_\_\_\_ Location \_\_\_\_\_

Enclosed is \$200.00 (\$100 application fee and \$100 deposit). I understand that if my child is not accepted to Ms. Linnie's Sunflower Preschool at this time, and if I do not want to be added to the waiting list, I will be refunded \$200. I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_