

**WEAVER DAIRY
COMMUNITY PRESCHOOL**

APPLICATION FOR ENROLLMENT

Date of Application _____ Date received by WDCP _____

Child's Name _____ Goes By _____
(Last) (First) (Middle)

Birth Date _____ Birth Place _____ Gender ___M___F

Home Address _____ Home Phone _____
_____ (please include zip code)

Email Address _____

Are you interested in $\frac{3}{4}$ day (7:30-3:30) or $\frac{1}{2}$ day (7:30-12:30 for Preschoolers or 8:00-12:00 for Toddlers) care? _____ 5 days or part week? _____

Mother's Name _____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____

Father's Name _____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____

If child is not living at home:

Name of responsible adult _____
Home Address _____ Home Phone _____
Work Address _____ Work Phone _____

Other children in the family:

Name _____	Age _____	<u>Office use</u>
Name _____	Age _____	app conf. _____
Name _____	Age _____	tour date _____

Name of persons authorized to call for your child at preschool:

1. _____
2. _____

Has your child had experience with group child care before?

Describe:

Parent participation is an integral part of our program. Do you understand that each family is required to participate for a minimum of 2 hours per month?

Does your child have any allergies (food, dust, drugs, plants, animals) ? If yes, describe

Please give any information about your child which you feel will be important for teachers to know (eating/sleeping habits, fears, likes, dislikes, learning styles, personality, health concerns):

What are you, as parents, looking for in a preschool. What do you hope to find at the Weaver Dairy Community Preschool?

Parent or guardian signature

Please return your completed application to:

Weaver Dairy Community Preschool
124 Weaver Dairy Rd.
Chapel Hill, NC 27514

Please include the \$25.00 application fee.