



Tots and Teens

Preschool Application
Plano High School



Name of child _____ Age ____ Date of Birth _____

Name child is called _____ Sex _____ Phone _____

Address _____

Email _____

Father (or guardian) _____

Mother (or guardian) _____

Child lives with _____

Father's occupation _____

Mother's occupation _____

Brothers or Sisters	Age
_____	_____
_____	_____
_____	_____
_____	_____

Other members of the household _____

Pets _____

Has the child had group play experiences before? Explain _____

Is the child potty trained? _____

Word child uses for: Urination _____ Bowel _____

The more information you can give us about your child's current habits, desires, needs and wants, the easier it is for us to make his/her transition into preschool a comfortable one.

Does child dress self? _____ Undress? _____

Is the child right or left handed? _____

What are your child's favorite indoor activities? _____

Outdoor Activities: _____

Does your child have any speech problems? _____

Does your child have any special fears we should be aware of? _____

What method of behavior management is used in your home? _____

Are there any juices your child dislikes? _____

List of allergies your child may have. _____

Are there any other problems, concerns or information you'd like to tell us about your child? _____

Deposit: \$ _____ Date _____

Tuition: \$ _____ Date _____

Signature _____ Date _____

**Once the application and deposit are secured, you will be asked to also complete a physical form, emergency/first aid form and a list of people authorized to pick up your child.*

**We like to take pictures to share with the district and community about our program. Parent permission is necessary for your child to be included.*

Do you give permission for your child's photo, first and last name to be printed in local newspapers/publications or in video/dvd displays on the district website/internet? _____ yes _____ no

Thank-you for sharing your child with us!

*Deb Chatman, Instructor
Plano High School
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