



Building Kids God's Way

Donna Harris, Director

FOR OFFICE USE ONLY

Application date: _____

Received by _____

Book/activity _____

Age group _____

Student Personal Data

Last First Middle Birth Date / / Sex: M F Soc. Sec. # mth. day year (circle one)

Please list program you are applying for: Age group: Days attending:

Medical

Doctor Phone #

Dentist Phone #

Specialist Phone #

Insurance Co. Policy #

Food Allergies

List any known Medical Conditions:

Is your child currently taking medication that would be given during school hours:

If so, please list:

Other Allergies:

Special Diet Restrictions

Current Immunization Records Provided? Yes No Date of Last Physical / / mth. /day/ year (circle one)

Notes:



Building Kids God's Way

Donna Harris, Director

Parent Information

Mother

Last Name _____ First Name _____

Guardian: Yes No _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Driver's License # _____

Cell Phone _____ Soc. Sec. # _____

E-mail Address _____

Employer _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Father

Last Name _____ First Name _____

Guardian: Yes No _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Driver's License # _____

Cell Phone _____ Soc. Sec. # _____

E-mail Address _____

Employer _____ Phone # _____

Address _____ City _____ State _____ Zip _____



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Child lives with: Father Mother Both Parents Other
(circle one)

Address if different from parent(s): _____

How did you hear about The Carpenter's Shop? Circle appropriate answer. _____
 Referral Magazine Other _____

Emergency Information

Authorized Pickup Persons (other than parent)

Name _____ Phone # _____

Driver's License # _____ Address _____

Relationship to student: Paternal _____ Maternal _____ Other _____

Name _____ Phone # _____

Driver's License # _____ Address _____

Relationship to student: Paternal _____ Maternal _____ Other _____

Name _____ Phone # _____

Driver's License # _____ Address _____

Relationship to student: Paternal _____ Maternal _____ Other _____



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Educational Information

Name of Former Preschool/Daycare:

Name	Address	Phone #
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Does your child have any special learning challenges that the school should be aware of? If yes, please explain.

Has your child ever been suspended or asked to withdraw from school? If yes, please explain.

Please provide the following for the preschool before turning in application:

- Copy of Mother and Father's driver's license
- For tax purposes, we must have at least one parent's social security number
- A valid email address