



Little Friends Preschool
Application for Enrollment

Little Friends Preschool
1028 Jennings Ave.
Salem, Ohio 44460
(330) 332-4905
(330) 337-9571 (fax)

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

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Age: \_\_\_\_\_

Enrolling in: (check one) Pre-K: \_\_\_\_\_ (circle) 3 day /4 day/5 day 3/4 year: \_\_\_\_\_(circle) 3 day/4day/5day

If enrolling for less than 5 days, please circle the days your child will attend: Mon Tues Wed Thurs Fri

Is your child potty trained: (check one) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address to receive newsletters (optional) : \_\_\_\_\_

Child lives with: (check all that apply): Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Grandparents: \_\_\_\_\_

List names and ages of other children in the family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

List two person to be called in case of an emergency (other than parents):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any conditions or handicaps which might limit your child's participation in preschool activities and/or identify any food or environmental allergies: \_\_\_\_\_

Please tell us how you heard about our school: \_\_\_\_\_

All children will be admitted with the understanding there is a 30 day trial period.

Notice of Non Discriminatory Policy as to Students

The Little Friends Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration or its educational policies, admissions, policies, scholarship, and loan programs, and athletic and other school administered programs.

For office use only:
Date of Admission: \_\_\_\_\_
Registration Paid: Amount: \_\_\_\_\_ Date: \_\_\_\_\_
Cash \_\_\_\_\_ or Check \_\_\_\_\_
Handbook given: \_\_\_\_\_ Signature page returned: \_\_\_\_\_
Pre-admissions interview: \_\_\_\_\_ By: \_\_\_\_\_
Date