

North Macon Preschool

2K Application 2023 - 2024

A non-refundable application fee must accompany this form.

For Office Use Only:

Date Application Received _____

Date Application Fee Received _____

Date Immunization Record Received _____

Received by _____

Days the child will be coming: M T W Th F

Student Information

Child's Full Name _____

Name child goes by if different from given name _____

Child's Date of Birth _____ Sex ____ F ____ M

Address _____

City, State, Zip _____

Home Phone _____ Email address _____

Any known allergies? _____

Does your child have an EpiPen? ____ Yes ____ No

Does your child have any special medical needs? ____ Yes ____ No

**If yes to either, you need to fill out a medical authorization form in the preschool office.
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Days attending: T/Th____, M/W/F____, M – F____

Parent/Guardian Information

Father's Name _____

Address (if different from above) _____

Business phone _____ Cell Phone _____

Occupation _____ Employer _____

Mother's Name _____

Address (if different from above) _____

Business phone _____ Cell Phone _____

Occupation _____ Employer _____

In the event of an emergency, whom should we contact first? Mom or Dad

If neither parent can be reached, we should contact:

Name _____

Phone Number _____ Cell phone _____

Child's physician _____ Phone number _____

TURN FORM OVER

Persons permitted to pick up child (other than parents):

Name _____ Address _____
Phone Number _____ Cell Phone _____

Name _____ Address _____
Phone Number _____ Cell Phone _____

Other Information:

Child lives with _____ Both Parents _____ Mom _____ Dad _____ Other _____

Parents are _____ Married _____ Divorced _____ Separated _____ Other _____

Previous preschools attended _____

Brothers and sisters (list with ages) _____

Any special instructions or information about your child that would be helpful:
