

**North Macon Preschool**  
**MMO 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 \_\_\_\_\_

How many days will your child be attending MMO?\* \_\_\_\_1 \_\_\_\_2

Please list in order of preference the days you would like your child to come. (We will make every effort to honor your request for days, but classes are filled in the order the applications are received.)

**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.**

**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 \_\_\_\_\_

**TURN FORM OVER**

Child's physician \_\_\_\_\_ Phone number \_\_\_\_\_

**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:

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**\*Children under two may only attend MMO up to 2 days per week per state guidelines. After their second birthday, you may request to add additional days on a first come, first serve basis.**