

North Macon Preschool  
3K Application 2024 – 2025

**A non-refundable application fee must accompany this form.  
(If you pay online please attach the receipt of payment.)**

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

Email address \_\_\_\_\_

Which days would you like your child to attend 3K:     M/W/F     M-F

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

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 \_\_\_\_\_

**Students MUST be potty trained in order to attend 3K.**

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We will do our best to accommodate requests; however, we cannot make any guarantees.**