

**North Macon Preschool
MMO Application 2024- 2025**

**A non-refundable application fee of one month's tuition 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 _____

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.

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:
