

Paw Prints Preschool

Deposit: \$60 *non-refundable deposit is applied toward tuition

***Deposit is refunded only if preschool sessions are unable to begin due to unforeseen circumstances**

APPLICATION

PLEASE PRINT CAREFULLY & COMPLETELY

Applying for:

AM Session: 8am to 11am

PM Session: 12pm to 3pm

Student's Full Legal Name: _____

Gender of Student: _____ Female _____ Male Student's Birth Date: _____
MM/DD/YYYY

Student's Street Address: _____

City: _____ State: _____ Zip Code: _____

Student's Place of Birth - City: _____ State: _____

Child's T-Shirt Size: _____ 5T _____ 6T/7T _____ 8T _____ Youth Small

Mother's Name: _____ Cell Phone: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Has your child attended preschool previously? _____ Yes _____ No

How many years: _____ Where: _____

Why are you considering Paw Prints Preschool for your child?

List anyone currently attending or applying to Telesis that the applicant is related to, and their relationship:

Please provide the following information truthfully and accurately, so we may best assist the applicant.

To the best of your knowledge, do the following apply to the student (applicant): Please circle your answer.

- | | | |
|--------------------------------------------------------------------|-----|----|
| 1. Learning Problems | YES | NO |
| 2. Behavior Problems | YES | NO |
| 3. Specialized Needs | YES | NO |
| 4. Has this child ever been evaluated? | YES | NO |
| 5. Has this child ever received IEP services? | YES | NO |
| 6. Is this child CURRENTLY receiving SpEd Services? | YES | NO |
| 7. If yes to 5 or 6, has the child been EXITED from SpEd Services? | YES | NO |
| 8. Has this child ever been expelled? | YES | NO |

Please provide a written explanation below to any questions above that was answered "YES":

Please provide any additional information that you feel will be helpful in providing your child with the best possible preschool experience (Child's likes, dislikes, favorite things, etc.)

Name of person making this application: _____

Relationship to the applicant: _____ Phone Number: _____

Signature of Parent/Legal Guardian

Date

SESSIONS:

3-hour Sessions, Monday through Friday:

AM Session — 8am to 11am

PM Session — 12pm to 3pm

Healthy snack will be provided

Rates:

Payment basis (per session):

Weekly — \$70/week

Bi-weekly — \$130 (\$65/week)

Monthly — \$240 (\$60/week)

Deposit: \$60 *non-refundable

Deposit is applied toward tuition

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