

MISS JOAN'S LITTLE SCHOOL

Date of Application _____

Starting Date _____

Deposit _____

Child's Name _____ Birthday _____

Address _____

Mother's Name _____ Father's Name _____

or

Legal Guardian _____

Mother's Home Address _____ Home phone _____

Father's Home Address _____ Home Phone _____

Mother's Business _____

Mother's Business address _____

Mother's Cell phone _____

Father's Business _____

Father's Business Address _____

Father's Business Phone _____

Father's Cell Phone _____

Name of person to be contacted in Emergency (if parents are not available):

Address _____ Phone _____

Name of child's physician or source of medical care: _____

Phone _____

Address _____

Special Disability (if any) _____

Additional information, special needs, family situation, allergies etc. that will be helpful in providing care for your child _____

Health Insurance Coverage _____

Policy Number _____

Name of person who will pick up the child _____

Address _____ Phone _____

Marital Status of Parent _____

How did you hear of our school? _____

Days child will attend _____

Child will arrive at _____ and depart at _____

Will child attend the summer program? _____

I have received Miss Joan's Little School's Brochure, which states the philosophy, schedule, and the curriculum.

Signature of Parent of Guardian _____

Signature of Director _____

Date _____