

EASTERN HANCOCK ELEMENTARY SCHOOL

10450 EAST 250 NORTH
CHARLOTTESVILLE, IN 46117
(317) 936-5829

TYPICAL PEER PRESCHOOL PROGRAM: APPLICATION FOR ENROLLMENT

School Year: 2018-2019

Date: _____

Personal Information:

Child's Name: _____ Date of Birth: _____

Age _____ Sex: M F (Circle)

School Corporation of Residence: _____

Parent/Legal Guardian: _____

Address: _____

Telephone Number: _____

Parent's Place of Employment:

Mother: _____ Work Telephone: _____

Father: _____ Work Telephone: _____

Emergency Contact:

Name: _____

Telephone of Emergency Contact: _____ Relationship to Child: _____

I have completed the above form and understand the preschool services are provided at the discretion of Eastern Hancock Special Educational Services. I understand my child will be dismissed from preschool if fees are not paid on time.

Signature of Parent/Guardian _____ **Date** _____

You will need to provide an up-to-date record of immunizations, a copy of your child's birth certificate and any pertinent medical/emergency information before placement.

Office Personnel:

Copy of Birth Certificate Rec'd: _____

Immunization records Rec'd _____

Screening Schedules: _____ Date _____ Time _____