

THORNTRIDGE CHILD DEVELOPMENT PRESCHOOL APPLICATION

430 Joliet St.
Dyer, IN 46311
219-227-9767
www.thornridgepreschool.com

Today's Date _____ Birthdate _____

Child's Name _____ Nickname _____

Address _____
First Middle Last City State Zip

Phone _____ Cell Phone _____ E-Mail _____

Father's Name _____ Mother's Name _____

Father's Employer _____ Mother's Employer _____

Business Phone _____ Business Phone _____

Marital Status: Married () Divorced () Single ()

Children in Family (list all and ages) _____

Previous Nursery School Experience _____

Child's Doctor _____
Name Address Phone

List any special medical problems – allergies, etc. _____

Person to contact if parent is unavailable:

Name _____ Relationship to child _____

Address _____ Phone _____

Person other than parent authorized to pick up child from school _____

IF YOU OR YOUR PHYSICIAN CANNOT BE REACHED, THE SCHOOL HAS PERMISSION TO CALL ANOTHER PHYSICIAN OR TO USE WHATEVER EMERGENCY MEASURES ARE AVAILABLE IF DEEMED NECESSARY.

Signature of Parent or Guardian _____ Date _____

How did you learn about our school? Newspaper () Friend () Other ()

Class: 2 Day 3-4 Yr. Old 3 Day Pre-K 4-5 Yr. Old 5 Day Pre-K 4-5 Yr. Old
Mon & Tues Wed Thur & Fri Mon Tues Wed Thu Fri

9:00-11:30 () A.M. () A.M. () A.M.

11:45-2:15 () P.M.

Registration Fee: \$50.00 for one year; \$75.00 for two years. A **NON-REFUNDABLE** \$50.00 registration fee must accompany this form.

Comments (Things the teacher should know): _____
