

MAPLE HEIGHTS CITY SCHOOLS

2010-2011 PRESCHOOL APPLICATION

Child's Name: _____ Social Security No: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____ Home Telephone: _____

Parents are ___ married? or ___ separated? or ___ divorced? List custodial parent: _____

Mother's Name: _____

Telephone: _____
(home) (work) (cell)

Address (if different from child): _____

Father's Name: _____

Telephone: _____
(home) (work) (cell)

Address (if different from child): _____

Guardian: (if applicable): _____

Telephone: _____
(home) (work) (cell)

Address (if different from child): _____

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Please list names and ages of ALL persons living in the child's home:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH:

Does your child have any suspected or diagnosed disability? ___ No ___ Yes: Please specify:

___ Speech/Language ___ Physical/Motor ___ Vision
___ Hearing ___ Asthma ___ Other: _____