

**MAPLE HEIGHTS CITY SCHOOLS**  
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): \_\_\_\_\_

.....  
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: \_\_\_\_\_