



Application for Little Eagles Preschool
Nazareth Area Senior High School
Family & Consumer Sciences Department

Please fill out the application and return to the Nazareth High School Main Office with \$30 cash or check made payable to NHS. Only when payment is received is your child's spot secured in the program. Admission is on a first come, first serve basis.

Name of Child _____ Age _____ Gender _____

Date of Birth _____

Nickname, if any _____

Name of Parents _____

Address _____

Phone number(s) (Cell or Home) _____

Email Address(es) _____

Brother and Sisters (use back of paper if needed for additional siblings)

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Does your child have any medical concerns that we need to know about?

Does your child have any allergies?

(Continued on back)

Emergency Contact

Name _____

Address _____

Phone # _____

What days of the week will the child attend preschool? (Please check all that apply.)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Who will bring the child to preschool? _____

Relationship of this person to the child _____

Who will pick the child up from preschool? _____

Relationship of this person to the child _____

Any person who should NOT be allowed to pick up the child? _____

Please tell us a little about your child's personality.

Please tell us about your child's likes and interests. Ex: favorite toys, games, cartoon or story book characters, animals or pets, snacks, etc.

Any other information that would be helpful or important to us:

Do you give permission for your child to be videotaped or to have pictures taken? (This is typically for the graduation ceremony slide show and a class picture). Please initial in the appropriate spot below.

YES _____

NO _____