

Little Phoenix

660 Morehouse Road, Easton, CT 06612
(203) 268-5530

PRE-SCHOOL APPLICATION FORM

Today's Date _____

Child's Name _____

Sex _____ Date of Birth _____

Child lives with _____

Street Address _____

City, State, Zip _____

Siblings Names and Ages _____

Start Date _____ Child's Age at Start Date: _____

Class Preferences

3 year olds Monday Tuesday Wednesday Thursday Friday

4 year olds Monday Tuesday Wednesday Thursday Friday

Extended Days, until 1:15pm – Indicate days _____

Daycare – Indicate days and times needed _____

Current School (if any) _____ Current Grade (if any) _____

Mother's or Guardian's Name and Address _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Occupation and Business Address _____

Business Number _____ Fax Number _____

Mother's E-Mail _____

Father's or Guardian's Name and Address _____

Father's Home Phone _____ Father's Cell Phone _____

Father's Occupation and Business Address _____

Father's Business Number _____ Father's Fax _____

Father's E-Mail _____

Does your child have any special needs? (physical, emotional, or educational)? _____
If so, please detail on a separate sheet..

Do you have any particular concerns (allergies, etc.) about your child which we should be aware of? _____
If so, please detail.

What are your child's academic and personal strengths? _____

What academic and/or personal areas does your child need to work on? _____

Describe your educational beliefs and philosophy. _____

How did you hear about Little Phoenix? _____

What made you decide to apply? _____

This application must be accompanied by \$75 processing fee. Processing fee is NOT refundable. Security deposit of one month's tuition is due upon acceptance and will hold child's place in the appropriate classroom.

PLEASE MAKE ALL PAYMENTS PAYABLE TO: Easton Country Day School or ECDS

Parent's Signature _____

Print Name _____ Date _____