

Application Date:	Male / Female	Birth Date:
Child's Name:		
Address:		
Mother/Guardian:		Home Phone:
		Email:
Employer/School:		Work Phone:
Father/Guardian:		Home Phone:
		Email:
Employer/School:		Work Phone:
Hours you wish to attend: (Please check all appropriate boxes)		Desired start date:
Morning (7:45 a.m. - 1 p.m.) <input type="checkbox"/>	All Day (7:45 a.m. - 4 p.m.) <input type="checkbox"/>	
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
		Thursday <input type="checkbox"/>
		Friday <input type="checkbox"/>
Previous nursery school or group play experience:		
Any health considerations or allergies:		
Siblings names and ages:		
Special interest and concerns of child/parents:		
How did you learn about First School?		