



**803 Broadway  
Davisburg, Michigan 48350  
(248) 634-1064**

# APPLICATION FOR ADMISSION 2011-2012

FOR OFFICE USE ONLY

\_\_\_\_\_ \$50.00 registration fee \_\_\_\_\_ date

\_\_\_\_\_ Class assignment (3's, 4's, or 5's)

Child's name \_\_\_\_\_ \*Nickname \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's names \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Cell phone #'s \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Family address \_\_\_\_\_  
Street Address City Zip

E-mail address \_\_\_\_\_

Parent's employer \_\_\_\_\_ (Mother) \_\_\_\_\_ (Father)

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Siblings Brothers Age Sisters Age

\_\_\_\_\_  
\_\_\_\_\_

Parent or guardian with whom the child resides \_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

Other languages \_\_\_\_\_

Child's favorite toys and activities \_\_\_\_\_

\_\_\_\_\_

Child's fears \_\_\_\_\_

\_\_\_\_\_

Child's comforting tactics \_\_\_\_\_

\_\_\_\_\_

Child's home discipline \_\_\_\_\_

\_\_\_\_\_

Specific allergies (i.e. food, insects, drugs) \_\_\_\_\_

\_\_\_\_\_

Health/Medical problems (i.e. Asthma, diabetes, etc.) \_\_\_\_\_

\_\_\_\_\_

Cultural background (optional) \_\_\_\_\_

\*Nickname – The name to appear on your child's name tag. Example: "Joe" shortened from Joseph.

Media

I understand that occasionally pictures are taken in the classroom that may be used in newsletters, brochures, newspaper articles or our website. Please indicate whether or not you give permission to Crosshill for your child's pictures to be used for these purposes.        \_\_\_ Yes        \_\_\_ No

Classroom Lists

I understand that a classroom list and a calling fan-out will be generated. Please indicate whether or not you agree to have your family's names, address and phone number on a class list. (This information will not be used for any other purpose.)        \_\_\_ Yes        \_\_\_ No

Emergency Information

Please list 3 different people other than the parent or guardian in the local area to whom your child may be released or who we can contact in case of illness or other urgent needs.

Name	Relationship	Address/City	Phone #

Name	Relationship	Address/City	Phone #

Name	Relationship	Address/City	Phone #

Medical

In case of serious illness or accident, I request that Crosshill Community Preschool contact me (or spouse if listed). If the staff is unable to reach me, I hereby authorize that the Physician listed below be contacted and to follow his/her instructions. If it is impossible to contact the physician, Crosshill Community Preschool is authorized to make whatever arrangements are necessary. I understand that any obligation for medical expenses resulting from treatment in such a case will be the responsibility of the parents/guardian.

Physician	Phone #

Parent/Guardian Signature	Date