



# Anne Arundel County Public Schools

## Family and Consumer Sciences

### Child Development Preschool Application

#### South River High School

<input type="radio"/> Deposit
<input type="radio"/> Balance

1. Child's Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

2. Male \_\_\_\_\_ Female \_\_\_\_\_

3. Birth Date: \_\_\_\_\_ (Month/Day/Year)

4. Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5. Father's/Guardians Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

6. Mother's/Guardians Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

7. The child lives with: (Circle One) Both Parents, Father, Mother, Grandparents, Guardian

8. How long has the child been toilet trained? \_\_\_\_\_

9. Language spoken by the child: \_\_\_\_\_

10. Allergies: \_\_\_\_\_

11. Does your child have any other health or medical needs or developmental concerns we need to be aware of? \_\_\_\_\_

12. For our records, please state how you became aware of our program. \_\_\_\_\_

**HEALTH FORMS WILL BE REQUIRED UPON ACCEPTANCE BEFORE CHILD ENTERS SCHOOL**

I understand and agree to adhere to the child development policies and recommendations.

Signature: \_\_\_\_\_  
(Parent/Guardian) (Date)