

APPLICATION FOR ADMISSION TO LOLLIPOP LANE NURSERY SCHOOL

PLEASE SEND BACK BEFORE AUGUST 1
(Mail to Lollipop Lane, PO 208, Holton KS 66436)

Name of Child _____ Nickname _____

Sex _____ Date of Birth _____

Transportation (check one) Own () Car Pool () Other ()

Father's Name _____

Occupation _____

Place of Employment _____ Phone _____

Mother's Name _____

Occupation _____

Place of Employment _____ Phone _____

Home Address _____ Phone _____

Name and ages of other children in the family:

1. _____ Date of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

Name and relationship of other members of household:

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Three persons who may be called should a parent not be available (Please notify these persons):

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Are there any physical limitation(s): (i.e. heart murmur, wear glasses, corrective shoes, speech defects, etc.) Be Specific.

Food Allergies _____ Non Food Allergies _____

Favorite Food _____ Favorite Activity _____

Does child take lessons of any kind? (Music, Dance, Etc.) _____

Words used for urinating _____ Bowel Movement _____

Church Preference _____

Name of Person picking up your child at dismissal time _____

Name of Physician _____ Phone _____

Name of Babysitter _____ Phone _____

Signature of Both Parents _____
