

**APPLICATION FOR ADMISSION TO LOLLIPOP LANE PRESCHOOL**  
**PLEASE MAIL BACK OR PLACE IN OUTSIDE DROP BOX BEFORE AUGUST 1**

*(Lollipop Lane, PO Box 208, Holton, KS 66436)*

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Transportation: Own ( ) Carpool ( ) Grandparent ( )

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home 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 to call 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, glasses, speech delays, etc.) Be specific

\_\_\_\_\_

Food Allergies \_\_\_\_\_ Non food Allergies \_\_\_\_\_

Favorite Food \_\_\_\_\_ Favorite Activity \_\_\_\_\_

Does child take lessons of any kind? (Dance, Gymnastics, Etc.) \_\_\_\_\_

Words used for urinating \_\_\_\_\_ Bowel Movement \_\_\_\_\_

Church preference \_\_\_\_\_

Name of person picking up at dismissal time \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Childcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Signature of both parents \_\_\_\_\_

\_\_\_\_\_

