

660 Morehouse Rd. Easton, CT 06612 Eastoncountryday.org (203) 268-5073

PRE-SCHOOL APPLICATION FORM

Today's Date						
Child's Name						
Sex	Date of Birth					
Child lives with						
Street Address						
City, State, Zip						
Siblings Names and Ag	es					
Start Date Child's Age at Start Date:						
	Class Pre	ferences (Circ	ele Requested Schoo	l Days)		
3 year olds	Monday	Tuesday	Wednesday	Thursday	Friday	
4 year olds	Monday	Tuesday	Wednesday	Thursday	Friday	
Extended Days, until 1	:15pm – Indicate	e days				
Daycare – Indicate days	s and times need	led				
Current School (if any)		Current Grade (if any)				
Mother's or Guardian's	Name and Addr	ress				
			Mother's Cell Phone			
Mother's Occupation ar	nd Business Add	ress				
Business Number						
Mother's E-Mail						
Father's or Guardian's	Name and Addr	ess				
Father's Home Phone			_ Father's Cell Phone			

Father's Occupation and Business Address	
Father's Business Number Father's Fax	
Father's E-Mail	
Does your child have any special needs? (physical, emotional, or educational)? _	
Do you have any particular concerns (allergies, etc.) about your child which we self so, please detail.	should be aware?
What are your child's academic and personal strengths?	
What academic and/or personal areas does your child need to work on?	
Describe your educational beliefs and philosophy.	
How did you hear about Little Phoenix?	
What made you decide to apply?	
This application must be accompanied by \$75 processing fee. Security week's tuition is due upon acceptance and will hold child's place in the classroom. Neither the processing fee nor security deposit is refundable.	appropriate
PLEASE MAKE ALL PAYMENTS PAYABLE TO: Easton Country Day So	chool or ECDS
Parent's Signature	
Print Name Date	