

# *The Little Red Schoolhouse Of Metairie*

2055 Metairie Road, Metairie, Louisiana 70005 PHONE: (504) 838-7979

www.littleredschoolhouseofmetairie.com Fax : (504) 835-5200

## Preschool Application 2012 – 2013

Upon receipt of this form, you will be called and a personal interview will be arranged for you and your child. This is not a registration form. Children will be accepted on the basis of:

1. The date on which this application is received.
2. The openings available in the child's age group
3. The personal interview

**Date** \_\_\_\_\_

**My child is applying for the** \_\_\_\_\_ **school year**

**HOURS NEEDED** \_\_\_\_\_

**Name of Child** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Name Used** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mom: Cell Phone** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Dad: Cell Phone** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### **Parent or Guardian Information**

Parents Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_

Divorced \_\_\_\_\_ Single \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address (If different from child) \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name and Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address (If different from child) \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name and Address \_\_\_\_\_

**Name and phone numbers of two relatives or friends to be called if parents cannot be reached in an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Family Information**

Number of children in the family \_\_\_\_\_ Siblings (please indicate whether they live with child)

**Name      Sex      Date of Birth      School Now Attending      Lives with Child**

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

Please list any other person living with child & their relationship to child: \_\_\_\_\_

\_\_\_\_\_

**Personal History**

Has the child had a previous group or preschool experience, if so where and when \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Are there any medical problems of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

Any additional information concerning your child in regards to disciplinary, social or personality adjustment? \_\_\_\_\_

\_\_\_\_\_

How did you hear about The Little Red Schoolhouse?

\_\_\_\_\_

Please mail to:      The Little Red Schoolhouse      FAX: (504) 835-5200  
2055 Metairie Road  
Metairie, La 70005