

# *The Little Red Schoolhouse Of Metairie*

2055 Metairie Road, Metairie, Louisiana 70005 PHONE: (504) 838-7979  
www.littleredschoolhouseofmetairie.com Fax: (504) 835-5200

## **Toddler Class 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

Date \_\_\_\_\_

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

**I am interested in the following days and hours:**

MWF \_\_\_\_\_ Hours Needed \_\_\_\_\_

TU – TH \_\_\_\_\_ Hours Needed \_\_\_\_\_

M – F \_\_\_\_\_ 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)

<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>School Now Attending</b>	<b>Lives with Child</b>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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