D .	D ' 1	
Date	Received	

NORWALK CITY SCHOOLS PRESCHOOL Attn: Kathy Smith 195 St. Mary's St. NORWALK, OHIO 44857 (419) 668-6035

PRESCHOOL A.M. P.M.



PRESCHOOL APPLICATION

CHILD'S NAMELAST NICKNAME (The name you wish your child to learn to write.) MONTH		FIRST		MIDDLE
		_AGE DAY YEAR		
ADDRESS				
STREET		CITY	ZIP CODE	
PARENT(S)/GUARDIAN(S) NAMI	E			
HOME TELEPHONE	EMERGENCY NUMBER			
FATHER'S OCCUPATION	MOTHER'S OCCUPATION			
EMPLOYER	EMPLOYER			
ADDRESS	ADDRESS			
TELEPHONE	TELEPHONE			
WORK SCHEDULE	WORK SCHEDULE			
TOTAL FAM	IILY IN	COME		
NAMES OF SIBLINGS		OTHERS WHO RESIDE IN THE HOM		
PLEASE CIRCLE PREFERRED TII				

PLEASE LIST BELOW ALL NAMES OF PEOPLE AUTHORIZED TO HAVE YOUR CHILD RELEASED TO THEM (PICKED UP FROM PRESCHOOL):