



(843)785-6570

829 William Hilton Parkway

Hilton Head Island, SC 29928

APPLICATION FOR ADMISSION

Child's Full Name _____

Name child is called _____ Sex _____

Date and place of birth _____

Parents or Guardians _____

Home address _____ Zip _____

Mailing address _____

Email address: _____

Home phone number _____

Father's occupation and place of business _____

Father's business phone _____

Father's cell phone _____

Mother's occupation and place of business _____

Mother's business phone _____

Mother's cell phone _____

Name and phone number of child's doctor _____

With whom does child reside? _____

Names and birth dates of brothers and/or sisters living in the home _____

Does child have any food or drug allergies? _____

Church affiliation _____ Active member? Yes No

Does child have any health problems or physical handicaps that would limit participation in school activities?

Persons authorized to take child from the Preschool. Please list name and relationship to child.

Persons who may NOT take child from Preschool:

Name and phone number of person other than parents to contact in case of an emergency

Has your child previously attended any Preschool or Day Care program? If yes, where did your child attend?

Does your child take any medications daily? If yes, please explain.

Any additional information that would be helpful for us in getting acquainted with your child:

