



Church Member ____
Former Preschool Family ____

14401 Ramah Church Road Huntersville NC 28078 704.875.6683 Ramahpreschool.org

Transitional Kindergarten Program Application

Child's Full Name: _____

Preferred Name: _____ Male: ____ Female: ____

Birthdate: _____ Home Phone: _____

Parents/Guardians Names: _____

Street Address: _____

City, State and Zip Code: _____

Mother/Guardian Occupation: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Father/Guardian Occupation: _____

Cell Phone: _____

Business Phone: _____

Email: _____

Emergency Contact (other than parent/guardian listed): _____

Relationship to Child: _____ Phone: _____

Physician's Name: _____ Phone: _____

In case of emergency, preferred hospital: _____

Is there any health condition we should know about? (Allergies or activities that should be avoided) _____

Please list any childhood diseases your child has had: _____

Names & ages of siblings: _____

Does your family attend church: ____ If so, where? _____



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What are your child's favorite toys, play material or activities? _____

Are you aware of any fears or anxieties your child has? If so, please list and note how your child usually reacts: _____

We are looking forward to getting to know your child. Please list any additional information that you would like us to know that will help us to better understand your child.

Please carefully read the policies found in the program handbook that you will receive at our August Open House.

Space will be reserved for your child as soon as application and registration fee is received.

Checks should be made payable to Ramah Preschool. Please note child's name in the bottom left hand corner of your check.

I HEREBY AGREE TO CONFORM TO THE POLICIES ESTABLISHED BY RAMAH PRESBYTERIAN PRESCHOOL. PARENTS OR GUARDIANS MUST SIGN UP FOR THEIR REQUIRED VOLUNTEER WEEK WITHIN 30 DAYS OF THEIR CHILD'S FIRST DAY OF SCHOOL

(Signature)

(Date)