



Church Member \_\_\_\_  
Former Preschool Family \_\_\_\_

14401 Ramah Church Road Huntersville NC 28078 704.875.6683 Ramahpreschool.org

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### **Caterpillar Program (3 year old) 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? \_\_\_\_\_

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

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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.

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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)