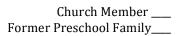




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## Caterpillar Program (3 year old) Application

Child's Full Name:			
Preferred Name:			
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 par	ent/guardian l	isted):	
Relationship to Child:	Ph	one:	
Physician's Name:	Ph	ione:	
In case of emergency, preferred hos	spital:		
Is there any health condition we sho	ould know abo	ut? (Aller	gies or activities that
should be avoided)			
Please list any childhood diseases y	our child has h	ad:	
Names & ages of siblings:			
Does your family attend church:	If so, wher	·e?	





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What are your child's favorite toys, play material or activities?				
Are you aware of any fears or anxieting how your child usually reacts:	es your child has? If so, please list and note			
	know your child. Please list any additional know that will help us to better understand			
Please carefully read the policies four receive at our August Open House.	nd in the program handbook that you will			
Space will be reserved for your child received.	as soon as application and registration fee is			
Checks should be made payable to Rabottom left hand corner of your check	nmah Preschool. Please note child's name in the k.			
PRESBYTERIAN PRESCHOOL. PAREN	THE POLICIES ESTABLISHED BY RAMAH NTS OR GUARDIANS MUST SIGN UP FOR THEIR HIN 30 DAYS OF THEIR CHILD'S FIRST DAY OF			
(Signature)	(Date)			