



**ANNE ARUNDEL COUNTY PUBLIC SCHOOLS  
FAMILY AND CONSUMER SCIENCES  
CHILD DEVELOPMENT PRESCHOOL APPLICATION**

Arundel Senior High School- The Little Wildcat Preschool

1. Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)
2. Male: \_\_\_\_\_ Female: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_
3. Birthdate: \_\_\_\_\_ (Month/Date/Year) Session Preference: AM PM
4. Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)
5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Father's/Guardians Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_
7. Mother's/Guardians Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone: \_\_\_\_\_
8. The child lives with: (Circle One) Both Parents Father Mother Grandparents Guardian
9. How long has the child been toilet trained? \_\_\_\_\_
10. Language spoken by the child: \_\_\_\_\_
11. Allergies: \_\_\_\_\_
12. Does your child have any other health or medical needs or developmental concerns that we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_
13. For our records, please state how you became aware of our program. \_\_\_\_\_  
\_\_\_\_\_

**HEALTH FORMS WILL BE REQUIRED UPON ACCEPTANCE BEFORE THE CHILD ENTERS SCHOOL**

**I UNDERSTAND AND AGREE TO ADHERE TO THE CHILD DEVELOPMENT POLICIES AND RECOMMENDATIONS.**

Signature: \_\_\_\_\_  
(Parent/Guardian) (Date)

**Email address:** \_\_\_\_\_

Please write neatly

**Emergency Information**

Name of child \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Cell** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Cell** \_\_\_\_\_

Hours of Employment: Mother \_\_\_\_\_ Father \_\_\_\_\_

Person Having Custody of Child: \_\_\_\_\_

Persons Authorized To Receive Child:

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Relationship</u></b>	<b><u>Telephone</u></b>
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Persons to contact in case of emergency other than parents:

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Relationship</u></b>	<b><u>Telephone</u></b>
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**Discharging Children to Authorized Adults**

Children may leave the center with their parents, unless parents have signed a waiver that gives their permission for someone else to pick up the child. The child can also be picked up if the parent/guardian has written a note or telephoned that someone new will be picking his or her child. In addition, we request a picture of any person that the parents authorize for pickup. Before the child can be released, the person who picks up the child must show a form of identification that indicated his or her name.