

PUPIL INFORMATION

Child's Full Name: _____ Name to be called (& written): _____

Address: _____ Zip _____

Telephone: _____ Birthdate: _____

E-mail Address: _____

Mom's Cell # _____ Dad's Cell # _____

Sex: M F E-Mail Address: _____

Mother's Name: _____ Occupation (Present or Former): _____

Father's Name: _____ Occupation (Present or Former): _____

Allergies: _____

Name, Age, Sex of Siblings: _____

What time does he/she usually go to bed at night? _____ Get up in the morning? _____

Does he/she take a nap or daytime rest? YES NO If so, for how long? _____

If I had to describe my child in 10 words, they would include _____

My child is happiest when _____

The kinds of play and activities my child enjoys most are _____

To comfort my child I: _____

I think my child's greatest strengths are: _____

I think my child needs help with: _____

How did you find out about Unity Cooperative Preschool? _____

I have read and will comply with the Unity Cooperative Preschool Bylaws. I also understand that tuition is due and payable in full on August 1st, November 1st and February 1st with a \$10 per week late fee.

Signature Date

My committee choice is _____