

Preschool Application Form 2011-2012

Thank you for your interest in the Preschool at Sophia Academy.
 Please complete the following information and email to the program director,
 Ms. Cheryl Johnston, at prescriptiveteaching@gmail.com, or mail/submit to Sophia Academy.



Child's name (last, first, MI):		Today's Date (MM/DD/YY):	
Nickname:		Date of Birth (MM/DD/YY):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian's Name (last, first):		Relationship to child:	
Parent/Guardian's Name (last, first):		Relationship to child:	
Home Address: (street) (city) (state) (ZIP code)			
Home phone:	Cell phone:	Work phone:	
Parent email address:			
How did you hear about Sophia Academy? <input type="checkbox"/> Doctor Referral <input type="checkbox"/> Internet <input type="checkbox"/> Another parent <input type="checkbox"/> Magazine/Newspaper/Print Media <input type="checkbox"/> I have a current or alumni Sophia Academy student		What schools has your child attended? _____ _____	
Please select the class for which you are registering your child: <input type="checkbox"/> Three/Fours (child turns three by September 1, 2011) <input type="checkbox"/> Four/Fives (child turns four by September 1, 2011) Note: All children must be toilet-trained to enroll in this program. <ul style="list-style-type: none"> • Has your child received any support services such as OT, PT or Speech/Language therapy? _____ • Does your child have any diagnosed learning disability or delay? _____ 			
If my child is admitted to the Preschool at Sophia Academy, I agree to: <ul style="list-style-type: none"> • Abide by the policies set forth in this application and all policies outlined in the Parent Handbook • Provide health and emergency contact information and my child's current immunization records when requested • Participate as much as I am able in my child's classroom and attend parent/teacher conferences as requested by my child's teacher 			
I understand that by signing this registration form, I am committing my child to the Preschool at Sophia Academy for the full 2011-2012 school year. <i>If I withdraw my child before the end of the current school year, I will be obligated to pay the full year's tuition.</i>			
Parent Signature:	Parent Signature:	Date:	

