## South Park School District

## **South Park High School**

Family and Consumer Sciences Department Eagle Ridge Child Development Center

2005 Eagle Ridge Road South Park, Pennsylvania 15129 Phone: 412-655-3111 (ext. 2126)

## 2024-2025 Preschool Application Form-

## \*\*Please circle ONE of the following based on your child's age\*\*:

3 years of age by September 1, 2024

or

4 years of age by September 1, 2024

lickname:			_ Age:	_ Sex
ity:				
lome Phone Number:				
lother's Name:		Daytime Phone:		
cell Phone:	Email:			
ather's Name:		Daytime Phone: _		
ell Phone:	Email:			
Your Child Adopted? _		_ Have they been i	nformed? _	
thers living in the househ	old (name, age, s	ex, relationship): _		

f yes, what was the length of separation and reasoning (vacations,				
If yes, what was the length of separation and reasoning (vacations, illness, etc.)?				
If yes, how did he/she adjust?				
What is your child's "Usual Bedtime"? "Waking Tim				
Does your child take a morning or afternoon nap regularly?				
If yes, for how long?				
ls your child usually hungry at meal times?				
ls there anything unusual about your child's eating habits that we s	hould know?			
Is your child potty trained? Are they dependable?				
How do they state their potty needs?				
ls your child's speech clear to those outside of the family?				
Does your child have any particular fears?				
How often does your child play alone? Always Often	Seldom			
How often does your child play with others? Always Often _	Seldom			
Are the "playmates": Girls Boys Younger	Adults			
Does your child have an "imaginary friend"?				
What play materials does he/she use indoors?				

Is your child currently attending another preschool?				
If yes, what is the name and location?				
When you find it necessary to discipline your chil	d, what is your procedure?			
Who will be transporting your child to our presch				
To (with whom):				
From (with whom):				
(Signature of Parent)	(Date)			