



Please attach a current photo of your child.

Application

FOR THE SCHOOL YEAR 20____ - 20____

Child's Name _____
First Middle Last Nickname

Child's Sex _____ Age at start of term _____ Date of Birth ____/____/____

Address _____ Apt. _____ Zip _____

Name of Parent or Guardian _____ Cell Phone _____

Profession and/or Firm _____ Work Phone _____ Email _____

Name of Parent or Guardian _____ Cell Phone _____

Profession and/or Firm _____ Work Phone _____ Email _____

Best Contact Phone _____ **Best Contact Email** _____

Child's previous school experience (name of school and period attended) _____

Is your child currently enrolled in a preschool? _____ Name of school _____

Names, ages and schools of brothers or sisters _____

Child's Pediatrician _____ Telephone _____

Has your child received any early intervention or special education services? _____ If yes, please list all therapies your child has received _____

Who referred you to Merricat's? _____

Will you be applying for financial aid? _____ If yes, the application fee may be waived.

Date of Application ____/____/____

Application Fee: **\$50.00 must accompany application.** Please attach a current photo of your child



Choice of Sessions

FOR THE SCHOOL YEAR 20____ - 20____

Regardless of your child's age, classroom determination is not made at time of application.

Please check your first choice.

The half day program is 2½ hours. (Two-year-olds may only choose 2, 3 or 5 half day sessions).
The full day program is six hours, including a one hour lunch and rest.
You may choose a combination of full and half day sessions.

- | | |
|--|--|
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Two half days - Tuesday, Thursday | <input type="checkbox"/> Morning Session |
| | <input type="checkbox"/> Afternoon Session |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Three half days - Monday, Wednesday, Friday | <input type="checkbox"/> Morning Session |
| | <input type="checkbox"/> Afternoon Session |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Five half days - Monday through Friday | <input type="checkbox"/> Morning Session |
| | <input type="checkbox"/> Afternoon Session |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Two full days - Tuesday, Thursday | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Three full days - Monday, Wednesday, Friday | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Five full days - Monday through Friday | <input type="checkbox"/> |

Combination of full and half days (please indicate preference) _____

Note: Only indicate 2nd and 3rd choices if your schedule permits.

Please indicate your second choice _____

Please indicate your third choice _____

Child's Name _____ Nickname _____

Parent's/Guardian's Name _____ Telephone _____

Preferred Email _____