



Please attach a current photo of your child.

Application

FOR THE SCHOOL YEAR 20____ - 20____

Child's Full Name _____ Preferred Name _____

Age at start of school _____ Date of Birth _____ / _____ / _____
Years Months

Address _____
Street Apt. City, State Zip

Name of Parent or Guardian _____ Mobile Phone _____

Profession or Firm _____ Email _____

Name of Parent or Guardian _____ Mobile Phone _____

Profession or Firm _____ Email _____

Person to contact for scheduling Tour and Play Group _____

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

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

Names, ages and schools of siblings _____

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.**

FORM LAST UPDATED: June 21, 2019



Choice of Sessions

FOR THE SCHOOL YEAR 20____ - 20____

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

The half day program is 2½ hours.

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.

Please check your first choice. ✓

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

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 Full Name _____ Preferred Name _____

Name of Parent or Guardian _____ Telephone _____

Preferred Email _____