



Since 1983

# SWAN SCHOOL

*Creative Independent Education*

## APPLICATION FOR PRESCHOOL

Date of application: \_\_\_\_\_ Applying for school year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

How did you hear about Swan School? \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Has your child attended daycare?  yes  no

If yes, name of daycare program: \_\_\_\_\_

Has your child attended another preschool?  yes  no

If yes, name of preschool: \_\_\_\_\_

Applying for:

three day program

four day program

five day program

Considering Swan School for:

preschool only

preschool & elementary

not sure

Please answer the additional questions on the back of this sheet →

Please answer the following questions:

Can your child...

- Happily stay at school without you?

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- Share toys and adult attention with other children?

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- Take turns?

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- Ask for things?

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- Follow instructions and take direction from other adults?

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- Cope well with at least three hours of physical and mental stimulation?

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- Be independent enough to take themselves to the toilet, manage clothing?

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- Play independently?

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Other helpful information:

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Signature of applicant: \_\_\_\_\_