



Since 1983

SWAN SCHOOL

Creative Independent Education

APPLICATION FOR PRESCHOOL

Date of application: _____ Applying for school year: _____

Child's Name: _____

Child's Age: _____ Child's Birthdate: _____ Male Female

Parent/Guardian Name: _____ Contact Number: _____

Parent/Guardian Name: _____ Contact Number: _____

Contact Address: _____

Additional Contact Phone Numbers:

Number: _____ Whose phone: _____ Circle: Work/Home/Cell

Number: _____ Whose phone: _____ Circle: Work/Home/Cell

Number: _____ Whose phone: _____ Circle: Work/Home/Cell

Email(s): _____

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: _____

How did you hear about Swan School?

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?

- Share toys and adult attention with other children?

- Take turns?

- Ask for things?

- Follow instructions and take direction from other adults?

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

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

- Play independently?

Signature of applicant: _____