

MORAVIA CENTRAL SCHOOL DISTRICT

**UNIVERSAL PREKINDERGARTEN PROGRAM  
CHILD ENROLLMENT APPLICATION**

Child's Name \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age on Dec. 1, 2016 \_\_\_ years Sex M F

**Please provide copy of birth certificate** Place of Birth \_\_\_\_\_  
(City, State)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

*If You Are Not the Child's Natural Parent, Please Fill Out the Following:*

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Length of time child has been in your care \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_ to \_\_\_\_\_

Has your child ever attended another child care or preschool program? Yes No

If yes, please state when and where: \_\_\_\_\_

Is your child currently attending another child care or preschool program? Yes No

If yes, please explain. \_\_\_\_\_

Do you suspect that your child may have a disability or learning problem? Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Is your child's primary language English? Yes No

If no, please state child's primary language. \_\_\_\_\_

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Please be advised that this application is strictly confidential and voluntary. Any information regarding sex, ethnicity, education, or disability is gathered for research purposes only. The Moravia Central School District does not discriminate in any way in the provision of services.