BOQUET VALLEY
CENTRAL SCHOOL DISTRICT

PRE-KINDERGARTEN APPLICATION

School Year _____

STUDENT INFORMATION

Child's Full Name: _____

Date of Birth: ____ / ____ / _____ Age: _____ Gender: _____

Home Address: _____

_____

Primary Language Spoken at Home: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1	Parent/Guardian 2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

EMERGENCY CONTACT

Name: _____

Relationship to Child: _____

Phone Number: _____

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MEDICAL INFORMATION

Physician's Name: _____

Physician's Phone Number: _____

Allergies/Medical Conditions: _____

Current Medications: _____

PREVIOUS EARLY CHILDHOOD EXPERIENCE

Has your child attended preschool, daycare, or another early childhood program?

☐ Yes ☐ No

If yes, please list the name of the program:

ADDITIONAL INFORMATION

Please share any information that will help us support your child's success:

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REQUIRED DOCUMENTATION CHECKLIST

Please submit the following documents with your application:

☐ Birth Certificate

☐ Immunization Record

☐ Physical Examination Record

☐ Proof of Residency

☐ Custody Documentation (if applicable)

PARENT/GUARDIAN CERTIFICATION

I certify that the information provided on this application is true and complete to the best of my knowledge.

Parent/Guardian Signature: _____

Date: ____ / ____ / _____

OFFICE USE ONLY

Date Received: _____

☐ Birth Certificate Received

☐ Immunization Record Received

☐ Proof of Residency Received

☐ Physical Examination Received

Application Status: ☐ Accepted ☐ Wait List ☐ Pending

Staff Initials: _____

Thank you for your interest in our Pre-Kindergarten program. We look forward to partnering with your family in your child's educational journey!