

Colonel Zadok Magruder High School

If we have two sessions, which do you
prefer? _____ A.M. _____ P.M.

CHILD DEVELOPMENT LABORATORY PRESCHOOL APPLICATION

CHILD'S
NAME _____

last

first

(nickname)

BIRTHDAY _____ AGE _____ yrs. _____ mos. SEX _____

ADDRESS _____ PHONE _____

SIBLINGS _____
name age name age name age

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

FAMILY ETHNIC OR CULTURAL BACKGROUND _____

LANGUAGE SPOKEN AT HOME _____

CHILD'S FAVORITE TOYS, GAMES, ACTIVITIES _____

FOOD ALLERGIES _____ DIETARY RESTRICTIONS _____

PREVIOUS INFORMAL GROUP AND/OR PRESCHOOL EXPERIENCE _____

IN CASE OF AN EMERGENCY:

FATHER'S WORK PHONE _____

MOTHER'S WORK PHONE _____

DOCTOR'S NAME AND PHONE _____

ANY HEALTH PROBLEMS _____

Please write a brief paragraph describing your child's home life and early experiences.
Include any information that you feel would be helpful for us to know as we plan for your
child at our preschool.