

Phoenix Academy

660 Morehouse Road, Easton, CT 06612
(203) 268-5530

PRE-SCHOOL APPLICATION FORM

Today's Date _____

Child's Name _____

Sex _____ Date of Birth _____

Child lives with _____

Street Address _____

City, State, Zip _____

Siblings Names and Ages _____

Class Preferences

3 year olds T-R M-W-F M-T-W-R-F

4 year olds M-W-F M-T-W-R M-T-W-R-F

Extended Days, until 1:15pm – Indicate days _____

Daycare – Indicate days and times needed _____

Catered Lunch Program – Indicate days _____

Current School (if any) _____ Current Grade (if any) _____

Mother's or Guardian's Name and Address _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Occupation and Business Address _____

Business Number _____ Fax Number _____

E-Mail _____

Father's or Guardian's Name and Address _____

Father's Home Phone _____ Father's Cell Phone _____

Father's Occupation and Business Address _____

Father's Business Number _____ Father's Fax _____

Father's E-Mail _____

Does your child have any special needs? (physical, emotional, or educational)? _____
If so, please detail on a separate sheet..

Do you have any particular concerns (allergies, etc.) about your child which we should be aware of? _____
If so, please detail.

What are your child's academic and personal strengths? _____

What academic and/or personal areas does your child need to work on? _____

Describe your educational beliefs and philosophy. _____

How did you hear about Phoenix Academy and what made you decide to apply? _____

This application must be accompanied by \$75 processing fee. Processing fee is NOT refundable. Deposit of \$250.00 is due upon acceptance and will hold child's place in the appropriate classroom.

Parent's Signature _____

Print Name _____ Date _____

OFFICE USE ONLY

Contract _____

**Accept
Processing Fee
Deposit
Class**

Reject

