



PRESCHOOL APPLICATION

LIBERTY HIGH SCHOOL

5855 Bartholow Road

Eldersburg, MD 21784-8499

410-751-3560 ~ fax 410-751-3564

NOTE: New applications are accepted in order of date received. Preschool is usually schedule 9:45-12:15. Phone calls will be made at the beginning of the school year to determine enrollment. **Children must be toilet trained.** Your child should be enrolled in the age level and year aligned with the beginning of their entrance to school.

Date of application: _____ Date received at school: _____

Session desired for (school year) _____ 4 yr. old _____ 3 yr. old _____

Name of child: _____ Name used at home: _____

Address: _____ Telephone: _____ Email: _____

_____ Date of birth: _____ Sex: M F

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Is there any previous medical history that would affect your child's participation in activities? Please explain _____

Does your child have allergies: _____

If your child does not live with both parents in one household, answer the following:

Are parents separated? Y N Divorced? Y N Legal guardian? _____

Which parent will the child be living with while attending preschool? _____

Siblings: (name/age/sex) _____

Other people living in the home? (relationship?) _____

How did you hear about this program? _____

Why are you interested in enrolling your child in this program? _____

PLEASE CONTINUE APPLICATION ON OTHER SIDE

Briefly describe your child. Talk about personality, interests, routines, favorite toys, and anything you feel would be helpful to us.

