

Application Date _____

PRE-ENROLLMENT APPLICATION

FT LAB SCHOOL, a half-day program

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Phone _____

Address _____ Zip Code _____

Are you a student at Forsyth Tech? _____yes _____no

Employer/School _____

Class Schedule _____

Mother/Guardian's Name _____ Phone _____

Address _____ Zip Code _____

Employer/School _____

Are you a student at Forsyth Tech? _____yes _____no

Class Schedule _____

INFORMATION ABOUT YOUR CHILD/CHILDREN:

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Toilet/Potty Trained: **Yes** _____ **No** _____

Does your child have any known allergies: No____ Yes____ Explain: _____

Does your child have any chronic illnesses/conditions: No____ Yes____ Explain: _____

Please give any information concerning your child which will be helpful in his experience in a group setting (such as play, eating, resting or sleeping habits, fears, likes or dislikes). _____

(Signature of Parent)

(Date)