



MCW 2025 - 2026 Preschool Application

Student's full Name: _____

Birthdate (MM/DD/YYYY): _____ Age as of September 1, 2025: _____

Student Profile: This information is helpful to preschool staff when students share about their families, experiences and adventures.

Guardian #1:

Name: _____

Address: _____

Phone #: _____

Email: _____

Place of business: _____

Position: _____

Business Phone: _____

Working hours: _____

Guardian #2:

Name: _____

Address: _____

Phone #: _____

Email: _____

Place of business: _____

Position: _____

Business Phone: _____

Working hours: _____

Child Care provider information:

Name: _____

Address: _____

Phone #: _____

Days at Child Care: _____

Preferred location (NOT GUARANTEED):

TRIMONT

SHERBURN

Does your student require bussing (available for 3 and 4 year olds): NO YES

Would you like additional information about our School Readiness Scholarship (based on MCW Free/reduced meals): NO YES

Tuition for 2025-2026:

3 year old program - \$95/month 4 year old program - \$125/month

NON-REFUNDABLE DEPOSIT CAN BE MADE ON SCHOOLPAY:



Siblings:

Name

Age

Family Pets including names:_____

Grandparents:_____

Emergency Contacts if guardian is not available:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of a weather event during which the child could not be returned home, please indicate the name and number of someone living in town that your child can stay with:

Name: _____ Phone: _____

Who will bring the child to school? _____ Phone: _____

Who will pick the child up from school? _____ Phone: _____

Special dietary or medical needs of child, including allergies:_____

Previous group experiences, such as Sunday School, Day Care, etc:

Place: _____ Age at time: _____

Place: _____ Age at time: _____

Have you noticed your child to be:

☐ Right handed

☐ Left handed

Have you noticed any of the following:

☐ Possessiveness

☐ Stubbornness

☐ Temper Tantrums

☐ Shyness

☐ Inappropriate language

☐ Cries easily

☐ Physically aggressive

Is there anything we should be aware of or watch for?_____

What would you like your child to gain from this learning experience?_____

Signed: _____ Date: _____

YOUR CHILD MUST BE INDEPENDENT WITH USING THE BATHROOM
- no pull-ups -