

# Old South Preschool Application

645 Boylston Street | Boston MA 02116 | 617-536-1970 | [preschool@oldsouth.org](mailto:preschool@oldsouth.org)

Please mail this form to the address listed above with a \$30 non-refundable application fee. Checks payable to: Old South Preschool

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Birthplace \_\_\_\_\_ Primary Language (s) \_\_\_\_\_

\_\_\_\_\_ Phone(s) \_\_\_\_\_

Address

Local

Other

Child's Physician \_\_\_\_\_

Address

Phone

### Identifying Information:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Tone \_\_\_\_\_

Identifying characteristics/marks \_\_\_\_\_

Please comment on child's special needs, characteristics, habits, physical challenges, mannerisms, circumstances, etc.

\_\_\_\_\_

### Family Information

Parent

Parent

Name \_\_\_\_\_

& Relationship \_\_\_\_\_

Birthdate \_\_\_\_\_

& Birthplace \_\_\_\_\_

Primary Language \_\_\_\_\_

Education \_\_\_\_\_

Religious \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Other Children in Family (names, birthdates) \_\_\_\_\_

Dates Attended \_\_\_\_\_

Old South Preschool \_\_\_\_\_ Referred by \_\_\_\_\_

Parent name \_\_\_\_\_ Email (optional) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Date Received \_\_\_\_\_

Admission Dates \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

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