



## POLLY PANDA PRESCHOOL APPLICATION FOR ADMISSION

2944 East 56<sup>th</sup> Street  
Indianapolis, Indiana 46220  
Phone (317) 257-9127 Fax (317) 257-9128

<b>Date of Admission:</b>	<b>Date of Birth:</b>
<b>Child's Full Name:</b>	<b>Gender:</b>
<b>Address:</b>  <b>City, state, zip</b>	<b>Home phone:</b>
<b>Siblings attending Polly Panda:</b>	<b>Child currently living with:</b>
<b>Mother's Name:</b>	<b>Father's Name:</b>
<b>Mother's Complete Address:</b>	<b>Father's Complete Address:</b>
<b>Mother's Home Phone:</b> <b>Cell Phone:</b>	<b>Father's Home Phone:</b> <b>Cell Phone:</b>
<b>Mother's Employer w/Address</b>	<b>Father's Employer w/ Address</b>
<b>Mother's Work Phone:</b>  <b>Email address:</b>	<b>Father's Work Phone:</b>  <b>Email address:</b>
<b>Mother's Working Hours:</b>	<b>Father's Working Hours:</b>

**Days your child will attend: (circle all that apply)    MON    TUE    WED    THUR    FRI**

**Approximate drop off time: \_\_\_\_\_      Approximate pick-up time: \_\_\_\_\_**

**Please notify the front office if you wish to make changes in the days your child will attend or approximate drop off or pick-up time.**

**Medical/Emergency Information**

**Child's pediatrician/physician:** \_\_\_\_\_ **Office phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child's dentist:** \_\_\_\_\_ **Office phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Please list any allergies (including food allergies) and/or medical information you feel Polly Panda should be aware of.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency or if your child becomes ill parent(s) will be contacted first. If we are unable to reach you, please list who we can contact for emergency care.**

\_\_\_\_\_  
**Name** **Relationship to child**

\_\_\_\_\_  
**Address** **Home phone** **Work phone**

\_\_\_\_\_  
**Name** **Relationship to child**

\_\_\_\_\_  
**Address** **Home phone** **Work phone**

**I agree, and by my signature give consent, that in case of accident, injury, or illness of a serious nature, my child(ren) may be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible if I am unable to be reached at the numbers given with this application.**

\_\_\_\_\_  
**Parent's signature** **Date**

\_\_\_\_\_  
**Parent's signature** **Date**

**Other information about your family or your child you would like Polly Panda to know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children will only be released to parents or guardians listed on this form unless other arrangements are made with the front office in advance of pick – up. Please list below anyone, other than the parents or guardians, who is authorized to pick up your child. (Please note that they MUST bring picture ID). Need full name, address and phone numbers.**

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**Is there anyone who may NEVER pick up your child? Please list below.**

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**Please state your reasons for enrolling your child in Polly Panda. Please share about your child's social, emotional, cognitive, and physical development. (Specific goals you have in mind for your child's development.)**

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**PLEASE RETURN THIS APPLICATION TO THE FRONT DESK BEFORE YOUR CHILD'S FIRST DAY**