



# Country Knolls Preschool

100 Myrtle Avenue Mahopac, NY 10541

\$100.00 APPLICATION FEE	
Non-refundable.	
Check#	_____
Amount	_____
Date:	_____

## 2019/2020 BEFORE/AFTER CARE APPLICATION

School Year Attending 20\_\_/20\_\_ Date\_\_\_\_\_

Before School\_\_\_\_\_ After School\_\_\_\_\_ Drop off time\_\_\_\_\_

School District \_\_\_Fulmar \_\_\_Austin \_\_\_Lakeview Pick up time\_\_\_\_\_

(check one)

### STUDENT INFORMATION

First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Date of Birth\_\_\_\_\_ Age\_\_\_\_\_ Gender\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone Number\_\_\_\_\_ E-mail\_\_\_\_\_

### PARENT'S INFORMATION

Father's Name\_\_\_\_\_ Mother's Name\_\_\_\_\_

Employer\_\_\_\_\_ Employer\_\_\_\_\_

Position\_\_\_\_\_ Position\_\_\_\_\_

Work #\_\_\_\_\_ Work #\_\_\_\_\_

Cell# \_\_\_\_\_ Cell #\_\_\_\_\_

Emergency Contact # \_\_\_\_\_ Name & Relationship\_\_\_\_\_

Emergency Contact # \_\_\_\_\_ Name & Relationship\_\_\_\_\_

### MEDICAL INFORMATION

Student's Physician \_\_\_\_\_ Physician's#\_\_\_\_\_

Any Physical Impairments or Allergies we should know about:

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

I Agree to the terms and conditions of Country Knolls Preschools before/after care \_\_\_\_YES \_\_\_\_No

Email: [sue@countryknollspreschool.com](mailto:sue@countryknollspreschool.com) Phone: 845.520.7408 Website: [www.countryknollspreschool.com](http://www.countryknollspreschool.com)