

2019-2020 EDISON LITTLE CHARGERS PRESCHOOL APPLICATION

STUDENT NAME	:		
STUDENT BIRTH	IDATE:	M:	F:
STUDENT ADDRE	ESS::		
	ES WITH: BOTH PARENTS AN GRANDPARENTS	MOM	DAD
PARENT/ GUARD	IAN NAME:		
PARENT/ GUARD	IAN ADDRESS: (If different	from student)	
PARENT PHONE:	HOME:	CELL:	
	WORK:	OTHER:	
PARENT EMAIL:			
FDTSON RESTDE	NT? YES N	10	

IF NO CURRENT DISTRICT:PRESCHOOL SESSION PREFERENCE:						
	AM		7:50 am- 11:05 am - M/T/W/Th			
				15 pm - M/T/W/Th		
(This is <u>NOT</u> a	guarantee just a prefei	<mark>ence- we will</mark>	do our best	to accommodate)		
TRANSPORTA	TION TO SCHOOL? (A	M ONLY)	YES	NO		
TRANSPORTA	TION AFTER SCHOOL	(AM ONLY) YES	NO		
BREAKFAST?	(AM ONLY)	YES		NO		
LUNCH? (PM	ONLY)	YES		NO		
APPLYING FOR	R TUITION ASSISTAN	ICE? YES		NO		
HAS YOUR CH	ILD PREVIOUSLY ATT			ROGRAM? NO		
IF YES, WHER	E?					
ADDITIONAL INFORMATION & COMMENTS:						
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** <u>RETURN BY MAY 1, 2019</u> - any forms received after that date will place your student on our waiting list.** Drop forms off at the Edison Elementary office, the preschool office, mail to: Edison Little Chargers Preschool, 140 S. Main Street, Milan, Ohio 44846 or scan and email to <u>krenwand@edisonchargers.org</u> .						
Questions? Call Kathy at the Preschool Office 419-499-3000 ext 1109						
**Office Use Only	r: Rcvd:	Accepted:	No	otified:		

