



The Little Tree Preschools

Application for Admission

OFFICE USE ONLY	
Date Received	_____
App Fee Paid	_____
Staff	_____

Application must be accompanied by a \$50 Application Fee.

APPLICATION FOR:

Auburn Campus
 421 Opelika Rd
 Auburn, AL 36830
 334-826-1847

Jacksonville Campus
 2786 Pelham Rd S.
 Anniston, AL 36206
 256-435-6057

Mobile Campus
 1176 Azalea Rd
 Mobile, AL 36693
 251-654-2533

APPLICANT INFORMATION

Applicant's Legal Name:

Last	First	Middle	Nickname
Date of Birth: _____		Social Security Number: _____	
Male or Female			
Home Address: _____			
Number and Street			
City		State	Zip

FAMILY INFORMATION

Father's Information

Father's name: Mr. ___ Dr. ___ Other: _____

Mother's Information

Mother's name: Mrs. ___ Ms. ___ Dr. ___ Other: _____

Full Name	Home Address
Home Address	Home Phone
Home Phone	Cell Phone
Email	Occupation/Position
Occupation/Position	Business/Employer
Business/Employer	Business Phone
Business Phone	

Full Name	Home Address
Home Address	Home Phone
Home Phone	Cell Phone
Email	Occupation/Position
Occupation/Position	Business/Employer
Business/Employer	Business Phone
Business Phone	

Applicant resides with (check all that apply)

Both Parents: ___ Mother: ___ Father: ___ Other: _____ Please specify

If parents are separated or divorced, please check all that apply:

Father has custody ___ Mother has custody ___ Parents have joint custody ___ Guardian has custody ___

FAMILY INFORMATION continued

Applicant's Siblings

Name	Age	Name	Age
Name	Age	Name	Age

APPLICANT'S SCHOOL EXPERIENCE

List all previous schools/daycares your child has attended.

School	Dates	Reason for leaving
School	Dates	Reason for leaving
School	Dates	Reason for leaving

Does your child have any learning needs? Yes () No ()
If yes, please explain. _____

Has your child ever received special supports (for example OT, PT, or SLP)? Yes () No ()
If yes, please explain. _____

Does your child have any speech or language delays? Yes () No ()
If yes, please explain. _____

Does your child have any behavioral concerns? Yes () No ()
If yes, please explain. _____

Has your child ever been requested to withdraw, suspended, or expelled from any school? Yes () No ()
If yes, please explain. _____

Please list any illnesses or medical concerns.

Are there any medications that your child may need to take during school hours? Yes () No ()

Parent/Guardian Signature **Date**

The following documents must be on file before the application will be considered complete.

- | | |
|--|--|
| <input type="checkbox"/> Current Certificate of Immunization (Blue Card) | <input type="checkbox"/> Policies Acknowledgement |
| <input type="checkbox"/> Copy of Official Birth Certificate | <input type="checkbox"/> Completed Consent Forms |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Completed Parent Contract |
| <input type="checkbox"/> If applicable, diagnostic assessments, evaluations, and/or IEPs | |