

Application for Admission
PLEASE RETURN COMPLETED APPLICATION & REGISTRATION FEE TO:
The Giving Tree Preschool
9601 Hull Street Road
North Chesterfield, VA 23236
(804) 276-8194 | preschool@lcosva.org

Child's Name _____ Nickname _____

Date of Birth _____ Child's Age _____ Sex of Child _____

Home Address _____ City _____ Zip _____

Custodial Mother's Name _____ Home Phone _____

Cell Phone _____ Email _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Employment Address _____ City _____ Zip _____

Custodial Father's Name _____ Home Phone _____

Cell Phone _____ Email _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Employment Address _____ City _____ Zip _____

Person(s) of Agency Having Legal Custody _____

Previous Child Care Programs & Schools Attended _____

Other Schools or Programs Currently Attending _____

Physician's Name _____ Phone _____

Hospital Preferred in Case of Emergency _____

Please List All Allergies or Intolerances to Food, Medication, etc. & Action to Take in an Emergency:

Chronic Physical Problems/Pertinent Developments Information/Special Accommodations Needed:

Please Provide Two Emergency Contacts in Case Parents Cannot Be Reached:

1. Name _____ Phone _____

Address _____ City _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ Zip _____

