



Oogles n Googles UNIVERSITY

a pre-K learning Center

Oogles n Googles University
A pre-k learning Center, integrating arts and culture
for children ages 3 - 5
430 North Rangeline Road
Carmel, In 46032

Application for Admission

PLEASE PRINT OR TYPE

Applicant's Legal Name:

Last _____ First _____ Middle _____

Name Used _____

Date of Birth _____ Male _____ Female _____

Applicant lives with - *check all that apply:*

____ Father ____ Stepfather ____ Other ____ Mother ____ Stepmother ____ Other

Check any that apply - Applicant's:

____ Father is deceased ____ Parents are divorced

____ Mother is deceased ____ Parents are separated

List other members of household:

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Please star () the address to be used for all correspondence about the applicant.*

Father/Legal Guardian Information

Name _____

Home Address _____ Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

Employer _____

Position _____

Work Phone _____

Mother/Legal Guardian Information

Name _____

Home Address _____ Zip _____

Home Phone _____

Cell Phone _____

E-mail _____

Employer _____

Position _____

Work Phone _____

Persons permitted to pick up child from preschool and/or to be notified in case of emergency when a parent/guardian cannot be reached:

Name _____

Home phone _____ Cell phone _____

Address _____

City _____ State _____ Zip _____

Name _____

Home phone _____ Cell phone _____

Address _____

City _____ State _____ Zip _____

HEALTH INFORMATON

Child's physician/health resource: _____ Phone _____

Address _____

City _____ State _____ Zip _____

Child's dentist: _____ Phone _____

Address _____

City _____ State _____ Zip _____

Any Physical/Health problem of which the school should be aware: (special diets, prescriptions, limitations of normal activities ,etc)

Please check those illnesses child has had and give approximate dates:

_____ Chicken Pox _____ Asthma _____ Measles _____ Rheumatic
Fever _____ Diabetes _____ Mumps _____ Epilepsy
_____ Whooping Cough _____ Frequent Ear Infection

Other serious or severe illnesses or Accidents: _____

Does child have frequent colds? _____

Does child take regular medication _____

Explain _____

Is child allergic to any foods? _____ Which foods: _____

Medications? _____

What? _____

Insect bite: _____

Which? _____

DESCRIBE CHILD'S PLAY EXPERIENCES

Group play experiences: _____

Outdoor: _____

With other children: _____

Favorite Games: _____

Favorite Toys: _____

PREVIOUS SCHOOL EXPERIENCES

Where: _____

How did child cope? _____

HOW DOES HE/SHE GET ALONG WITH:

Parents: _____

Brothers & Sisters: _____

Other Children: _____

Other members of Household: _____

Has he/she been cared for by other people? _____

By whom? _____

In own Home: _____ Outside of Home? _____

DAILY ROUTINES

Does child need help in:

___ Dressing ___ Undressing ___ washing Hands ___ Toilet ___ Eating

What time does child get up? _____ Go to bed? _____ Sleep well? _____

Does he/she sleep during the day? _____ When? _____ How Long? _____

DEVELOPMENTAL HISTORY

Walked at ___ months. Began talking at ___ months.

Toilet trained at ___ months.

Request word for bathroom: _____

Areas where your child may need extra help: _____

Areas of high interest (science, music, dance, etc.): _____

Additional information we should know or you would like us to know about
your child: _____

SIGNATURES *(If student lives with both parents, both parents MUST sign).*

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____