SAINT LOUIS ZOO

PRESCHOOL

Preschool Application Form
2014 – 2015

All information received regarding a candidate's application for admission is treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admission and placement decisions.

Child's Legal Name (as it appears on birth certificate): _____

Child prefers to be called: _____ With which gender does your child most closely identify: F M

Birthdate:_____(must be at least 3 & be able to use the restroom independently by September 1, 2014)

Check all that apply: __Caucasian __African-American __Hispanic __Asian __Native-American __Pacific Islander
(for demographic purposes only)

Child's Address: _____City:_____State_____ ZIP:_____

Parent 1: _____

Home Phone:_____Work Phone:_____Cell phone: _____

Address: _____City:_____State_____ ZIP:_____

Employer:_____Occupation:_____

Email address:_____ Responsible for school expenses: Y N

Parent 2: _____

Home Phone:_____Work Phone:_____Cell phone: _____

Address: _____City:_____State_____ ZIP:_____

Employer:_____Occupation:_____

Email address:_____ Responsible for school expenses: Y N

Child lives with: ___Both Parents ___Parent 1 ___Parent 2 ___ Other_____

Is there a language other than English spoken in the home? Y N

If yes, what language? _____

Are you currently enrolled in the Parents as Teachers program? Y N

What type of activities does your child enjoy most?_____

_____

What type of activities does your child enjoy least?_____

_____

What organized activities does your child participate in (clubs, teams, orchestra, etc.)?_____

_____

_____

Saint Louis Zoo
Animals Always®

What character traits best describe your child?_____

_____

What else would you like us to know about your child?_____

_____

_____

_____

Do you have other children? If Yes, list name(s), birth date(s),

_____ _____ _____

_____ _____ _____

Has your child had a Special Education evaluation? Y N Does your child have a current IEP? Y N

Has your child had a DIAL-4 screening (given to 3-5 year olds)? Y N

Does your child have any health, learning or behavioral challenges? Y N

If yes please explain _____

_____

_____

How did you learn about our program? _____

Please share with us a little more about your child, and why you think that the Saint Louis Zoo Preschool will be a good match for them._____

_____

_____

_____

_____

_____

Will you be applying for financial aid: Y N (see webpage for link to financial aid application)

Please Note: Families will need to supply tax information for the most current full tax year in order to complete the financial aid application process. There is also a $41 fee to apply. If you are unable to pay this fee please contact Laura Seger at seger@stlzoo.org. Financial assistance may be available.

Parent's Printed Name: _____ Date: _____

Parent's Signature: _____

Required application fee of $25 is enclosed_____(check payable to the St. Louis Zoo Education Dept.)

Mail registration to:

Preschool Registration, Saint Louis Zoo Finance Department One Government drive, Saint Louis MO 63110

ALL ENROLLMENT FEES ARE NON-REFUNDABLE

— — — — — — — — — — — — — — — — **OFFICE USE ONLY** — — — — — — — — — — — — — — — —

Date and time of application:_____

Interview date and time:_____

Child's chronological age on Sep. 1, 2014: _____ Years _____Months

Have they applied for financial aid? Y N

Waiting List: Y N Date: _____ Fee Paid Y N

Preschool Acceptance Notification sent on (date): _____