North Macon Preschool 3K Application 2025-2026

A non-refundable application fee must accompany this form. (If you pay online please attach the receipt of payment.)

Student Information

Child's Full Name					
Name child goes by if different from given	name				
Child's Date of Birth	_	Se	ex	_F	M
Address					
City, State, Zip					
Email address					
Which days would you like your child to at	tend 3K: M/	W/F	M-F		
Any known allergies? Yes Yes Does your child have an EpiPen? Yes Does your child have any special medical need if yes to either, you need to fill out a medical Parent/Guardian Information Father's Name	eds?Yes authorization for	m in th	e prescl		
Address (if different from above)	C 11 DI				
Business phone	Employer				
	_ Cell Phone _Employer				
If neither parent can be reached we should of					
Name					
Phone Number	Cell phone				
Child's physician	Phone numl	ber			

TURN FORM OVER

We will do our best to accommodate requests; however, we cannot make any guarantees.