



SILVER LAKE REGIONAL HIGH SCHOOL

260 Pembroke Street
Kingston, Massachusetts 02364

slrhs.slrdsd.org

Telephone (781) 585-3844
Fax (781) 585-6544

PRESCHOOL APPLICATION 2020-2021

Date: _____

1. Name of Child: _____
Last First Middle

2. Child's
Nickname: _____

3. Present Age: _____ Male _____ Female _____ Date of Birth: _____
Yrs Mons

4. Place of Birth: _____
City/Town State

5. Father's Name: _____
Last First Middle

6. Occupation: _____ Birth Place: _____

7. Mother's
Name: _____
Last First Middle

8. Occupation: _____ Birth Place: _____

Mailing Address: _____
No. Street

City/Town Zip

Home Address (if different): _____
No. Street

City/Town

Zip

9. Home Phone: Mother: _____ Father: _____

Work Phone: Mother: _____ Father: _____

Cell Phone: Mother: _____ Father: _____

Email: _____

10. Does your child have any specific problems, such as; hearing impairments, visual difficulties, special medications, etc.

11. Is your child presently under doctor's care? If so, please explain.

12. List the names and birth dates of other children in the family.

Name	Date of Birth
_____	_____
_____	_____
_____	_____

13. Please check any of the following that apply to your child:

Allergies: Yes No

Explain: _____

Frequent Colds: Yes No

Physical Handicaps: Yes No

Explain: _____

Toilet Trained: Yes No

- Please fill out the attached envelope.
- Address the envelope to you *not* the preschool.
- The lottery results will be mailed to you.

Thank you.