

APPLICATION FOR LITTLE RAIDER PRESCHOOL

Today's Date _____ For 20__ to 20__ School Year

Child's name: _____ Sex M or F

Child's birth date: _____ Child's age: _____

Name of Parents: _____

Home address: _____

Home Phone Number: _____ E-mail: _____

Work Phone Number(s): _____

Emergency Phone Number: _____

List siblings and their ages: _____

Circle the placement of this child in the family: Oldest Middle Youngest

Time of Year Preference: Fall _____ Spring _____ Either _____

If your child needs to come the same semester or day as other children who are applying for Little Raider Preschool, please write those children's names below:

Please return to Wamego High School Office or mail to:

Tammy Biswell
Wamego High School
801 Lincoln
Wamego, KS 66547
e-mail: biswellt@usd320.com