



GREENFIELD-CENTRAL COMMUNITY SCHOOL CORPORATION

Cougar Cubs Preschool Application

Parents may complete this form or [CLICK HERE](#) to submit a digital application.

Location Preference (Check One):

Is a legal guardian a G-CCSC employee?

East (J.B. Stephens Elementary)

Yes No

West (Educational Services Building)

Name of Employee: _____

No Preference

Classroom Preference:

Full-Day Preschool Only (8:00am - 2:00pm) **Full-Day** with Extended Care (7:00am-4:30pm)

Half-Day AM (7:20am - 10:20am)

Half-Day PM (11:00am - 2:00pm)

Child's Information

Name: _____ Nickname: _____

Date of Birth: _____ Child Lives With: _____

Address: _____

Phone Number: _____

Family Information

Guardian's Name: _____

Email: _____

Address: _____

Phone Number: _____

Guardian's Name: _____

Email: _____

Address: _____

Phone Number: _____

Does your child have siblings who attend Greenfield-Central Community Schools? Yes No

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Does your child have allergies or medical conditions of which we should be aware?

___Yes ___No If yes, please list below:

Do you have concerns regarding your child's speech, social skills, academic skills, or that your child is meeting developmental milestones? _____

Does your child have an IEP for speech, developmental delay, or any other diagnosis? _____

Please briefly describe the experiences your child has had with other children, including with siblings, daycare, play groups, etc. _____

Please briefly describe your child's interests, likes/dislikes, any fears, temperament, potty training experiences, etc. _____

What do you hope your child gains most by attending preschool? _____

For Office Use Only - Registration Fee: Check # _____ Cash _____ Staff Initials: _____ Date: _____