



## PRESCHOOL APPLICATION FORM

400 S Sunshine Street

Branson, MO 65616

Phone: (417) 336-2139

Fax: (417) 336-1285

Email: [preschool@legacybranson.com](mailto:preschool@legacybranson.com)

### CHILD INFORMATION

Child's Last Name	Child's First Name	Date of Birth
_____	_____	_____
[ ] Male [ ] Female		
Child's Address: _____		
City: _____ State _____ Zip Code: _____		
Child's Primary Language _____		
If your child has previously attended another Preschool, please enter the name of the Preschool. _____		

### FAMILY INFORMATION

Parental Marital Status: [ ] single [ ] married [ ] divorced [ ] separated [ ] widowed
Please list names/ages of siblings living in the home and other Preschools being attended if applicable : - _____
Who has primary custody of the child? : [ ] Both parents [ ] Mother [ ] Father [ ] Other (please list) - _____
Child primarily lives with: [ ] Both parents [ ] Mother [ ] Father [ ] Parents in different houses who have shared custody [ ] Other (please list) _____
Do you consider your family to be part of a church? If so, which church? _____

**PARENT/GUARDIAN #1 INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ [ ] Male [ ] Female

Relationship to Student:

[ ] Father [ ] Mother [ ] Stepparent [ ] Guardian [ ] Other \_\_\_\_\_

Does Guardian live with student? [ ] yes [ ] no

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if student is not living with guardian)  
\_\_\_\_\_

**PARENT/GUARDIAN #2 INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ [ ] Male [ ] Female

Relationship to Student:

[ ] Father [ ] Mother [ ] Stepparent [ ] Guardian [ ] Other \_\_\_\_\_

Does Guardian live with student? [ ] yes [ ] no

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if student is not living with guardian) \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address (Street, City, State, Zip Code) \_\_\_\_\_

**EDUCATION INFORMATION**

Has your child had a Special Education Evaluation? [ ] yes [ ] no If yes, please explain.  
\_\_\_\_\_

Does your child have any special needs, or has your child ever been recommended for or received support services?

[ ] yes [ ] no If yes, please explain.  
\_\_\_\_\_

Are you enrolled in the Parents as Teachers Program? If so, who was the parent educator?  
\_\_\_\_\_

Does your child have a current/active IEP, IFSP, or receive Private Therapy? [ ] yes [ ] no If yes, please explain.  
\_\_\_\_\_

## FEES AND PAYMENTS

**Upon acceptance, a non-refundable Enrollment fee of \$75 is required. Payments are \$105 a week and are due by the end of each week.**

## QUESTIONS

What are your expectations for your child's early schooling?

Why do you believe Legacy Academy Preschool is a good fit for your family?

Disclaimer: Legacy Academy Preschool does not have the resources and is unable to provide services for children with special needs. If it is discovered that special services are needed, it is at the discretion of the director to assist the family in finding alternative services for their child. This may include transferring the child to a new preschool, bringing in special services during the day, or unenrolling the child from Legacy Academy Preschool. It is the heart of our center to make sure all our children thrive in an environment best suited for the child and we understand that Legacy Academy Preschool may not accommodate all children.

I understand that completing this application form does not guarantee a spot for my child at Legacy Academy Preschool. I also acknowledge that if it is discovered that special services are needed for my child, Legacy Academy Preschool may be unable to provide these services.

Signature \_\_\_\_\_ Date \_\_\_\_\_