



Application for Admission

Application Date: _____

Child's Name: _____ Name Called _____

Child's Birthdate: _____ Sex ____F ____M

Parent(s) Name(s): _____

Address: _____

Phone Number: _____ Email: _____

Your Preferences:

Preferred start date: _____

Please circle your desired schedule, writing in your preference for days (i.e. MWF). We will try to accommodate your preference of days, but cannot guarantee your first choice.

	Star House Young 2s	Comet House 2/3 years	Moon House 4/5 years	Sun House Pre-K/K
Morning Program 8:45-12:30pm	2 days			
	3 days	3 days	3 days	3 days
	4 days	4 days	4 days	
	5 days	5 days	5 days	5 days

Extended Day	Until 3:00pm	Until 5:00pm
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Getting to Know You

Please share a little about your child and family

What are you looking for in a preschool?

What do you hope your child gains from a preschool experience?

Please describe your child's previous group experience or experience with caregivers other than parents.

What are some of your child's favorite activities?

What do you consider to be your child's strengths?

Are there areas you feel your child needs extra help or work?

Do you have any special interests or skills you would be interested in sharing with a group of kids at school?

Does your child have any allergies?

Is there any health or medical information that might affect your child's daily life at school?

To Apply:

Please enclose your \$30 application fee and a current photo of your child and mail to:

Our PlayHouse Preschool
3501 NC 54 West
Chapel Hill, NC 27516

Our Play House Preschool considers all families equally for admission regardless of race, color, creed, national origin, sex, sexual orientation, religion, age, disability or other legally protected status.