

Third Street Academy Pre-K
600 W. Third Street, Greenville, NC, 27834
www.thirdstreetacademy.org; (252)364-2995
bethh@thirdstreetec.org



PRE-K APPLICATION FOR ADMISSION

Application Date: _____

Enrollment Date: _____

NOTE: In addition to submitting this application, we also require a **\$20 non-refundable application fee** (make checks out to "Third Street Academy"). Admission of your student is not guaranteed, but will depend on classroom openings. Third Street Academy admits students of any race, color, and national or ethnic origin.. Please drop-off or mail your application to Third Street Academy, 600 Third St. Greenville, NC 27834.

Third Street Academy is a Christian elementary school for boys.

Student Information

Full Name (last, first, middle) _____ Gender Male

Ethnicity: African-American/African Caucasian Hispanic Other: _____

Nickname to be used at school _____ Date of Birth _____

Application for grade _____ starting _____ (month and year)

Has your student had any previous preschool or childcare experience? Y / N

Is your student completely toilet trained? Y / N

Parent/Guardian Information

Parent/Guardian Names _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

E-mail Address _____

Check any that apply :

Father Deceased Mother Deceased Parents Separated Parents Divorced Parents Married
Student lives with? Father & Mother Father Mother Guardian Stepfather Stepmother Other

Receives mail for child? Father Mother Guardian Other

Legal custody of child? Father Mother Guardian Other

Financial responsibility of child? Father Mother Guardian Other

Please share the main reasons for wanting to enroll your child at Third Street Academy:

How did you hear about Third Street Academy?

No. of Dependents _____ Estimated Annual Household Income _____

Yes, I am attaching my \$20 non-refundable application fee.

Signature of Parent or Guardian Date _____



Confidential Parent Observation Form

Child's Name: _____

Applying to Grade: _____ Date of Birth: _____

Parent/Guardian Names- Father: _____

Mother: _____

Brothers (name and age): _____

Sisters (name and age): _____

General Health History

Please list any health concerns that you or your doctor have observed (for example: asthma, stomach aches, bed wetting, nightmares, etc.):

Do you believe your child is developing as expected? Y / N (If No, please explain):

Is this child presently on medication? Y / N (If Yes, please explain):

Has your child had any traumas or family stress? Y / N (If Yes, please explain):

Please tell us what you would like us to know about your child:

Language Development

1. Has your child received any speech and language therapy? Y / N (If yes, please elaborate)

2. Do you have concerns about your child's speech patterns? Y / N (If yes, please elaborate)

3. How often do you read to your child? _____

Social Development

Does your child:

1. Play well with other children? Y / N

2. Become easily frustrated? Y / N

3. Separate easily from parent? Y / N

4. Accept discipline and limits? Y / N

5. Has your child previously attended a preschool/day care/school? Y / N

Name of school(s) and for how long:

_____ How long? _____ / _____ How long? _____

Parent/Guardian Signature

Date

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Emergency Contact Form

Student Information

Full Name (last, first, middle) _____ Gender Male

Nickname to be used at school _____ Date of Birth _____

Address _____ Zip Code _____

FAMILY INFORMATION:

Father/Guardian Name _____ Home phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

E-mail Address _____

Mother/Guardian Name _____ Home phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

E-mail Address _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: N / Y Explain: _____

Does your child have any chronic illnesses/conditions: N / Y Explain: _____

EMERGENCY CARE INFORMATION:

Third Street Academy does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational programs, admission policies, and financial aid.

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Name of Child's doctor: _____ Phone # _____

If neither guardian can be contacted, call:

Name & Relationship _____ Phone # _____

Name & Relationship _____ Phone # _____

Please list those individuals to whom your child can be released

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs.

(Signature of Parent) (Date)