

KENNESAW MOUNTAIN NATURE PRESCHOOL

1572 Greens Chapel Rd NW
Kennesaw, GA 30152
(678) 224-1595
angie@kmmaturepreschool.com



APPLICATION		
CHILD INFORMATION		
Name:		
Date of birth:	Gender: M or F	
Race/Ethnicity: Black African American / Hispanic Latino / Asian / White / Other		
Current address:		
City:	State:	ZIP Code:
PARENT 1 INFORMATION		
Name:		
Current address (If different):		
City:	State:	ZIP Code:
Current Employer/Business Name:	Type of Business:	How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position/Title:		
PARENT 2 INFORMATION		
Name:		
Current address (If different):		
City:	State:	ZIP Code:
Current Employer/Business Name:	Type of Business:	How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position/Title:		

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CHILD'S MEDICAL

Physician Name:

Phone:

Known medical conditions, allergies, or dietary restrictions:

ADDITIONAL INFORMATION

Please provide additional information to help in the placement of your child. Does your child have any special needs, either diagnosed or your perception? List any special services such as therapy (speech, hearing, OT, behavioral, etc.)

What language(s) does your child speak?

Do they have any previous childcare experience? If so, please list name and duration.

LIABILITY WAIVER

I understand that there are risks which naturally occur whenever children are playing. I release Angelia Jenkins, Kennesaw Mountain Nature Preschool and its teachers, and Kennesaw Mountain Preschool, LLC and its Board of Directors from any liability for injuries that might occur while my child is attending Kennesaw Mountain Nature Preschool. My child is in good physical health and I will provide appropriate and required clothing for the weather.

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of spouse:

Date: