

**HODGSON PRESCHOOL APPLICATION**

**Please Return To:**  
Hodgson Preschool  
2575 Glasgow Avenue  
Newark, DE 19702  
838-4093

SCHOOL YEAR: \_\_\_\_\_ SESSION PREFERRED: \_\_\_\_\_ AM \_\_\_\_\_ PM

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (Development)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  
FATHER'S NAME: \_\_\_\_\_ WORK PHONE NO.: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE NO.: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMERGENCY CONTACT (other than parents): \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

NAMES AND AGES OF BROTHERS & SISTERS: \_\_\_\_\_

PREVIOUS SCHOOL EXPERIENCES: \_\_\_\_\_

PHYSICAL DISABILITIES, FOOD ALERGIES OR SPECIAL INFORMATION ABOUT YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Parent/Guardian Signature)