

Sweet Honeybee Preschool Student Application

www.sweethoneybee.com

Student's Full Name _____

Age: _____ DOB: / /

***Please include a \$60 check payable to Sweet Honeybee Preschool
along with your application and send to 3957 Fremont Ave N. Seattle, WA 98103**

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Phone: (_____) _____

Phone: (_____) _____

Email: _____

Email: _____

Address: _____

Address: _____

Schedule Preference	<p style="text-align: center;">We offer morning preschool Mon-Friday 9:00am-1:00pm.</p> <ul style="list-style-type: none"> Our 2-day program is offered Tuesday/Thursday Our 3-day program is offered Monday/Wednesday/Friday You may choose your preferred days for our 4-day program 	<p>School Year:</p> <p><input type="radio"/> 2023-24</p> <p><input type="radio"/> 2024-25</p>
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Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Please tell us some of your child's strengths:

Please tell us in what areas your child struggles:

Anything else you would like us to know about your child?

Is your child up to date on all immunizations? Yes ___ No ___ I have an exemption waiver ___

We require children to independently use the bathroom. Is your child able to this? Yes ___ No ___

Has your child ever attended preschool? Yes ___ No ___ If so, where did they attend? _____

What language(s) does your child speak?

Does your child have any allergies/food restriction?

Yes ___ No ___

Please list them _____

Does your child have any medical needs that we should know about? Yes ___ No ___

Yes ___ No ___

Please list them _____

For Office Use ___ Accepted

Notes:

Days attending: ___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays ___ Fridays

ADDRESS

3957 Fremont Ave N, Seattle, WA 98103

PHONE

[206] 755-5096

EMAIL

sweethoneybeepreschool@gmail.com