

Sweet Honeybee Preschool

2022-2023 School Year Application

www.sweethoneybee.com

Student's Full Name _____

Age: _____ DOB: / /

***Please include a \$50 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	We run preschool Mon-Friday 9:00am-1:00pm	Are you looking for: <input type="radio"/> Full time preschool? <input type="radio"/> Part-time preschool?	Please check all days you would like your child to attend.
<input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/> Friday			
<i>*We will do our best to accommodate preferences, but space is limited, and we may not be able to offer the exact days requested.</i>			
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 ___ 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