



APPLICATION

Date:	Year applying for:
Child's Name:	Nickname:
Child's Birth Date:	Gender:
Child's Residence:	
Parents' Name(s):	
Parents' Address:	Home Phone:
	Cell Phone(s):
Parents' Business Address(es):	Work Phone(s):
Email Address(es):	
Parents' Hobbies/Interests:	
Siblings' Names, Genders, Ages:	
Allergies:	
Physical limitations (such as asthma, heart murmur, etc):	
Does your child have any particular fears?	
What previous playgroup experience has your child had?	
Is your child a sibling of a Downing Street student?	
If so, please provide name and dates of attendance:	
Please mark your preferred program: <input type="checkbox"/> Twos/Threes: Tues, Thurs 9-12 <input type="checkbox"/> Threes/Fours: Mon, Wed, Fri 9-12	

Please return this form along with a \$40 non-refundable application fee to: