



Stretch School Preschool Application Questionnaire

Child's Name _____

Child's DOB _____

Parent 1 _____

Parent 2 _____

Phone # _____

Email _____

Occupation _____

Address _____

How did you learn about Stretch the Imagination?

Please use this space to tell us a little about your child.

Please tell us a little bit about your family.

Please explain why Stretch the Imagination is a good choice for your child as a preschool program.

What do you hope your child will learn from being in our program?

Is there anything else you'd like us to know about your child or family?