



Junior Kindergarten Application

School year child will attend: _____

Application date: _____

Send to: Eugene Field Elementary School

\$50 Non-Refundable Deposit included _____

c/o PYPDC: Mrs. Julee Curry

Check Payable to "Springfield Public Schools"

2120 E. Barataria

Memo line "Preschool Deposit"

Springfield, MO 65804

(Deposit Holds Your Child's Position & Is Collected Fall Prior To Attendance)

Please Print

Child's Name _____ First/Middle/Last	Nickname _____
Birth date (Must be 4 on or before July 31 st of the year you are wanting to enroll): _____ Month/Day/Year	
Gender: M F	My child will attend Kindergarten at: _____
Allergies/Special Conditions _____	

Parents' Names _____		
Address _____ Street	_____ City	_____ Zip Code
Home Phone #: _____	E-mail _____	
_____ Father's Place of Employment	_____ Father's work #	_____ Father's cell #
_____ Mother's Place of Employment	_____ Mother's work #	_____ Mother's cell #

Please check your choice of session:		
_____	5 Full Days/Week (Monday through Friday)	
_____	3 Full Days/Week (Monday, Wednesday, & Friday)	
_____	2 Full Days/Week (Tuesday & Thursday)	