

# Enrollment Application

Today's date \_\_\_\_\_  
Starting date \_\_\_\_\_

Reservation or  
Registration fee paid      \$ \_\_\_\_\_      Check # \_\_\_\_\_      Date paid \_\_\_\_\_  
Deposit paid                \$ \_\_\_\_\_      Check # \_\_\_\_\_      Date paid \_\_\_\_\_

1. Last name \_\_\_\_\_ First name \_\_\_\_\_  
Likes to be called \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

2. Registering into (check one):  
**ALL DAY:** 6:30 am to 6:30 pm. . . . . Registration fee: \$60.00

Pre-school (2 to 4)                    \_\_\_\_\_ M-F                    \_\_\_\_\_ MWF                    \_\_\_\_\_ TR  
Pre-kindergarten (4s)                \_\_\_\_\_ M-F                    \_\_\_\_\_ MWF                    \_\_\_\_\_ TR

Morning preschool programs: (Hours: 9:00 am - 12:00 pm)  
Younger group                    \_\_\_\_\_ TR                    Older group                    \_\_\_\_\_ MWF

Before and after school programs:

B&A 1<sup>st</sup> and 2<sup>nd</sup> grade                \_\_\_\_\_ M-F                    \_\_\_\_\_ MWF                    \_\_\_\_\_ TR  
B&A Kindergarten                    \_\_\_\_\_ M-F                    \_\_\_\_\_ MWF                    \_\_\_\_\_ TR

Elementary school attending \_\_\_\_\_  
Grade \_\_\_\_\_ School phone number \_\_\_\_\_

3. Mother's name or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home number \_\_\_\_\_

4. Employer \_\_\_\_\_  
Position \_\_\_\_\_ Work phone \_\_\_\_\_

5. Father's name or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

6. Employer \_\_\_\_\_  
Position \_\_\_\_\_ Work phone \_\_\_\_\_

## **INFORMATION FOR STAFF**

1. Does child live with both parents? \_\_\_\_\_  
(If no, list percent of time with each) \_\_\_\_\_

2. Child's brothers/sisters \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

3. List all child's previous day-care or pre-schools:
- |          |          |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

Why did he/she leave? Please explain.

- |          |          |
|----------|----------|
| 1) _____ | 3) _____ |
| 2) _____ | 4) _____ |

4. Is your child toilet trained? \_\_\_\_\_  
Does he/she wear diapers at night? \_\_\_\_\_

5. Does your child have any of the following:
- \*Special physical conditions? \_\_\_\_\_
  - \*Visual problem? \_\_\_\_\_
  - \*Hearing problem? \_\_\_\_\_
  - \*Allergies? \_\_\_\_\_
  - \*Does your child have any life threatening allergies or conditions that we should be aware of (ex. Peanut butter, dairy products, severe asthma, etc.?) \_\_\_\_\_
  - \*Mental, emotional, or behavioral problems? \_\_\_\_\_

6. Are there any dos and don'ts in your family for your child that we should know about? \_\_\_\_\_

7. Do you discipline your child? \_\_\_\_\_ If so, how? \_\_\_\_\_

8. Does your child nap regularly? \_\_\_\_\_ On weekends? \_\_\_\_\_  
Are there any difficulties at nap time? \_\_\_\_\_

9. Are there any potentially difficult adjustments that your child has had so far (deaths, hospitalizations or illnesses in the family, separation or divorce, etc.)? \_\_\_\_\_

10. Is there anything else that you would like to share with us about your child that will help us better understand him/her? \_\_\_\_\_

11. What are your goals for your child? \_\_\_\_\_

12. What do you look for in a preschool environment to be sure your child is in a high quality program? \_\_\_\_\_

\_\_\_\_\_  
Parents signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
Date