

Germantown Children's Center

19400 Crystal Rock Dr.
Germantown Maryland 20874
301 353-1202 Fax: 301-353-9469
www.childsplayinc.com

ENROLLMENT APPLICATION

Today's Date _____

Starting Date _____

How did you hear about our center?

Have you ever attended a Parent University? Yes _____ No _____

Reservation or Registration fee paid? \$ _____ Check # _____ Date _____
Deposit Paid \$ _____ Check # _____ Date _____

1. Last Name _____ First Name _____
Nickname _____ Age _____ Sex _____ Birth Date _____

2. Registration Information (Check One)

FULL DAY PRESCHOOL 6:30am-6:30pm Registration \$75.00
Preschool (24 months to 3 yrs) _____ Mon-Fri _____ M/W/F _____ T/TH
Pre Kindergarten (3-5 yrs) _____ Mon-Fri _____ M/W/F _____ T/TH

MORNING or AFTERNOON ENRICHMENT
Ages 2 ½ - 4 yrs 9:30am-1:30pm _____ Mon-Fri _____ M/W/F _____ T/TH
Ages 4-5yrs 9:00am-1:30pm _____ Mon-Fri _____ M/W/F _____ T/TH

BEFORE & AFTER SCHOOL PROGRAM
Kindergarten _____ M-F _____ M/W/F _____ T/TH
B&A 1st & 2nd _____ M-F _____ M/W/F _____ T/TH
Elementary School Attending _____
Grade _____ School Phone Number _____

3. Mother's Name (or guardian) _____
Address _____
Home Phone _____ Relationship _____
Cell Phone _____ Which number is the primary contact #? _____
Employer _____ Position _____
Work Phone _____ Email Address _____

4. Father's Name (or guardian) _____
Address _____
Home Phone _____ Relationship _____
Cell Phone _____ Which number is the primary contact #? _____
Employer _____ Position _____
Work Phone _____ Email Address _____

5. Does the child live with both parents? _____
6. If NO, list percent of time with each: _____
7. List all child's previous daycares or preschools:
- 1 _____ 2 _____
3 _____ 4 _____
8. Has your child ever been asked to leave another preschool program or child care center?
_____ If YES, please explain why _____

9. Is your child toilet trained? _____
Does your child wear diapers at night? _____
10. Does your child have any special physical conditions such as allergies, hearing loss, speech delay, etc?

13. What do you do in discipline situations with your child?

14. Does your child nap regularly? _____ On weekends? _____
15. Are there any potentially difficult adjustments that your child has had so far (deaths, hospitalizations, illness in the family, separation/divorces)?

16. Is there anything else you would like to share with us about your child that will help us better Understand him or her?

17. What are your goals for your child?

18. What do you look for in a preschool environment to be sure your child is in a high quality Program?

Parent's Signature _____ Date _____

Director's Signature _____ Date _____