

**Gainesville Children's Center
& Private Kindergarten
8171 Linton Hall Rd. Gainesville, Va. 20155 (571) 261-3010
www.childsplayinc.com**

Enrollment Application

Today's Date _____
Starting Date _____

Have you EVER attended Parent University? _____
How did you hear about our center? _____

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

1. Last Name _____ First Name _____
Nickname _____ Age _____ Sex _____ Birthdate __/__/__

2. Registration Information(check one):
FULL DAY PRE-SCHOOL 6:30 am – 6:30 pm Registration \$75.00

Young Toddlers(16-30months) __M-F __MWF __TR
All-Day Pre-school(2.5-3.5 years) __M-F __MWF __TR
Pre-Kindergarten(3.5 - 5 years) __M-F __MWF __TR

MORNING AND EXTENDED DAY PRESCHOOL (3 ¼ -5 yrs) (3 ½ - 5 yrs) (2 ½ -3 ½ yrs)

AM Preschool (9:00am --- 12:00pm) __M-F __MWF __TR
Ext. Day Option (9:00am-2:00pm) __M-F __MWF __TR

BEFORE & AFTER SCHOOL PROGRAMS

B/A Kindergarten __M-F __MWF __TR
B/A 1-5 grade __M-F __MWF __TR

Elementary School Attending _____
Grade _____ School Phone Number _____

3. Mother's Name (or Guardian) _____
Address _____
Home Phone (____)-____-____ Relationship _____
Email Address: _____ Cell Phone _____

4. Employer _____
Position _____ Work Phone (____)-____-____

5. Father's Name (or Guardian) _____
Address _____
Home Phone (____)-____-____ Relationship _____
Email Address: _____ Cell Phone _____

6. Employer _____
Position _____ Work Phone (____)-____-____

7. Does your child live with both parents? _____
8. If no, list percent of time with each: _____
9. List all child's previous day care or preschools: (1) _____ (2) _____
(3) _____ (4) _____
10. Has your child ever been asked to leave another preschool program or child care center? _____
If yes, please say why?: _____

11. Is your child toilet trained? _____
12. 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, hospitalization, or illness in the family, separations/ divorce, etc.) _____

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 Signature

Date

_____/_____/_____

Director's Signature

Date

_____/_____/_____
