

# Kentlands Children's Center

10 Kent Gardens Circle  
Gaithersburg, MD 20878  
(301) 590-7355 phone  
(301) 590-7357 fax  
www.childsplayinc.com

## ENROLLMENT APPLICATION

Today's Date \_\_\_\_\_

Starting Date \_\_\_\_\_

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 \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

2. Registration Information (Check One):

**FULL DAY PRESCHOOL** 6:30 am- 6:30pm Registration \$75.00  
Preschool (24 months to 3 yrs) \_\_\_ Monday-Friday \_\_\_ Mon/Wed/Fri \_\_\_ Tues/Thurs  
Pre Kindergarten (3-5 yrs) \_\_\_ Monday-Friday \_\_\_ Mon/Wed/Fri \_\_\_ Tues/Thurs

**MORNING ENRICHMENT** (Children must be potty trained)  
9:00am-11:30am \_\_\_ Monday-Friday \_\_\_ Mon./Wed/Fri \_\_\_ Tues./Thurs.  
12:00pm- 2:30pm \_\_\_ Monday-Friday \_\_\_ Mon./Wed/Fri \_\_\_ Tues./Thurs.  
9:00am- 2:30pm \_\_\_ Monday-Friday \_\_\_ Mon./Wed/Fri \_\_\_ Tues./Thurs.

**BEFORE & AFTER SCHOOL PROGRAMS**  
Kindergarten \_\_\_ Monday-Friday \_\_\_ Mon/Wed/Fri \_\_\_ Tues/Thurs

GRADE  
(circle one: 1 2 3 ) \_\_\_ Monday-Friday \_\_\_ Mon/Wed/Fri \_\_\_ Tues/Thurs

Elementary School Attending: \_\_\_\_\_  
Grade: \_\_\_\_\_ School Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Mother's Name (or guardian): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_

4. Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Father's Name (or guardian): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_

6. Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7. Does the child live with both parents? \_\_\_\_\_
8. If NO, list percent of time with each: \_\_\_\_\_
9. List all child's previous daycares 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 explain why:  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Is your child toilet trained? \_\_\_\_\_  
 Does your child wear diapers at night? \_\_\_\_\_
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, hospitalizations, or illness in the family, separations/divorces, 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's Signature  
 \_\_\_\_\_

Date  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Director's Signature  
 \_\_\_\_\_

Date  
 \_\_\_\_/\_\_\_\_/\_\_\_\_