



ENROLLMENT APPLICATION

Date _____

Child's Name _____

Child's age _____

Child's Birthday _____ Nickname _____

Address _____

Contact Info:

Mom's name _____

Dad's name _____

(Mother) Home Phone _____

(Mother) Work Phone _____

(Mother's) Cell Phone _____

(Father) Home Phone _____

(Father) Work Phone _____

(Father's) Cell Phone _____

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

Do you have a backup care provider? _____

Emergency Contact Person: _____

Contact's phone: _____

Emergency Contact Person: _____

Contact's phone: _____

Do you have a backup care provider? _____

Service Info:

Beginning date needing care: _____

Times you plan to drop your child off _____

Times you plan to pick up your child _____

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

Doctor's name: _____

Doctor's phone number: _____

Doctor's Office Address: _____

Dentists' name: _____

Dentists' Phone Number: _____

Dentists' Office Address: _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies? _____

Are you concerned that your child may be prone to any type of allergies? _____

Describe:

Does your child have any medical conditions which I should be made aware of? _____

Has your child had the following common childhood illnesses?

(please circle)

Does your child have any problems with any of these?

Constipation

Convulsions

Diarrhea

Fainting Spells

Frequent Colds

Frequent Ear Infections

Frequent Sore Throats

Lice

Ringworm

Skin Rash

Soiling

Stomach Upsets

Urinary Problem

Worms

Has your child had any of these diseases?

Asthma

Bronchitis

Chicken Pox

Diabetes

Heart Disease

Hepatitis

Impetigo

Measles

Mumps

German Measles

Polio

Scarlet Fever

Tuberculosis

Whooping Cough

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

About Your Child

Has your child ever been in childcare before? _____

What type (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

Why are you looking for childcare? _____

How does your child feel about daycare and being left by his/her mommy/daddy?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline? _____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. _____

Are there any food restrictions? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

What words does your child use for: Bowel movements _____ urination _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Are there any siblings? Please name them and specify ages and gender.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Any specific concerns? _____

ENROLLMENT DAYS AND TIMES

Please check the box for the type of care you are requesting

5 DAYS A WEEK		Monthly Tuition	POTTY TRAINING
Full Day:	6:30am -6:00 pm	\$850 <input type="checkbox"/>	\$115 <input type="checkbox"/>
Half Day:	8:30 am- 1:00pm	\$780 <input type="checkbox"/>	\$ 70 <input type="checkbox"/>
3 DAYS A WEEK			
Full Day:	6:30am -6:00pm	\$675 <input type="checkbox"/>	\$70 <input type="checkbox"/>
Half Day:	8:30am -1:00pm	\$595 <input type="checkbox"/>	\$45 <input type="checkbox"/>
2 DAYS A WEEK			
Full Day:	6:30am -6:00 pm	\$500 <input type="checkbox"/>	\$50 <input type="checkbox"/>
Half Day:	8:30am- 1:00pm	\$440 <input type="checkbox"/>	\$35 <input type="checkbox"/>
TK/KINDERGARTEN			
5 Days	8:30 am--3:00 pm	\$850 <input type="checkbox"/>	
5 Days	Early morning/After school care \$100 <input type="checkbox"/> (6:30-8:30&3:00-6:00)		

IMPORTANT REMINDERS

1. Children Will not be released to anyone not listed in the enrollment form unless advised by the parent
2. A registration fee of \$150 is required with this application. This fee is not refundable
3. The monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, plus school and statutory holidays.
4. If for any reason it becomes necessary to withdraw your child, a minimum notice of one month is required
5. Please ensure that you have read the Parent Handbook carefully and you agree to follow the instructions
6. Please fill out the enrollment and other enclosed forms carefully and return these to the school via email or in person

PARENT SIGNATURE