



## APPLICATION FOR ENROLLMENT 2026/27

APPLICATION DATE: \_\_\_\_\_ SCHOOL START DATE: \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

LAST NAME \_\_\_\_\_ SEX \_\_\_\_\_

CHILD'S BIRTHDATE: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NATIVE LANGUAGE: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

FATHERS/GUARDIAN/ NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

\_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ LANGUAGE SPOKEN AT HOME \_\_\_\_\_

\_\_\_\_\_

MOTHERS/GUARDIAN/ NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

SIBLINGS LIVING AT HOME: YES ☐ NO ☐

SIBLING NAME \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_

## OTHER MEMBERS LIVING IN THE HOUSEHOLD

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT PERSONS (2 INDIVIDUALS MUST BE LISTED)

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

\_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

## AUTHORIZED PICK-UP PERSONS

*For the safety of your child, these are the ONLY people besides your emergency contacts that the preschool will release your child to. They will be asked to show photo identification*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## HEALTH INFORMATION

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

GENERAL STATE OF HEALTH: \_\_\_\_\_

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.)

MEDICAL INSURER \_\_\_\_\_

MEDICAL PLAN AND NUMBER \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE # \_\_\_\_\_

DENTIST NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE # \_\_\_\_\_

DENTIST MEDICAL PLAN AND NUMBER: \_\_\_\_\_

ALLERGIES: YES ☐ NO ☐ DETAILS: \_\_\_\_\_

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

Describe: \_\_\_\_\_

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

\_\_\_\_\_

Describe: \_\_\_\_\_

Does your child have any problems with any of these? Has your child had any of these diseases?

Mark all that apply

☐ Constipation

☐ Asthma

☐ Convulsions

☐ Bronchitis

☐ Diarrhea

☐ Chicken Pox

☐ Fainting Spells

☐ Diabetes

☐ Frequent Colds

☐ Heart Disease

☐ Frequent Ear Infections

☐ Hepatitis

☐ Frequent Sore Throats

☐ Impetigo

☐ Lice

☐ Measles

☐ Ringworm

☐ Mumps

☐ Skin Rash

☐ German Measles

☐ Soiling

☐ Polio

☐ Stomach Upsets

☐ Scarlet Fever

☐ Urinary Problem

☐ Tuberculosis

☐ Worms

☐ Whooping Cough

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

Please Explain:

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Are there any restrictions for play or activities?

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Please Explain:

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## ABOUT YOUR CHILD

Has your child ever been in child care before? \_\_\_\_\_ What type?

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Was it a positive experience? \_\_\_\_\_

Why are you looking for child care? \_\_\_\_\_

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

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

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What is your normal method of discipline?

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

Please Explain: \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_

Please Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

What foods 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 usually wake up? \_\_\_\_\_

What time does your child commonly go to sleep at night? \_\_\_\_\_

Do they sleep through the night? \_\_\_\_\_

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

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 us know about?

\_\_\_\_\_

Any specific concerns?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

