



## APPLICATION FOR ENROLLMENT

### Infant/Toddler

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

#### CHILD'S NAME

\_\_\_\_\_  
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: \_\_\_\_\_

## HEALTH INFORMATION

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

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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

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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 that 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 be any restrictions to play or activities?

Please Explain:

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#### ABOUT YOUR CHILD

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

\_\_\_\_\_ 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?

\_\_\_\_\_ 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?

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

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

Please Explain:

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What are your child's favorite foods?

\_\_\_\_\_ What foods does your child dislike? \_\_\_\_\_ Can your child be relied upon to indicate bathroom wishes?

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What words does your child use for: Bowel Movements

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Urination:

\_\_\_\_\_ What time does your child usually waken 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?

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\_\_\_\_\_ Are there any other comments or information you would like to let us know about?

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Any specific concerns?

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## ENROLLMENT DAYS AND TIMES

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

### 5 DAYS A WEEK

Full Day: 6:30am -6:00 pm

### 3 DAYS A WEEK

Full Day: 6:30am -6:00pm

### 2 DAYS A WEEK

Full Day: 6:30am -6:00 pm

## 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 \$175 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, or 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 them to the school via email or in person.

PARENT SIGNATURE DATE