



APPLICATION FOR ENROLLMENT

Infant/Toddler

APPLICATION DATE: _____ SCHOOL START DATE: _____
DISCHARGE 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: _____ REALATIONSHIP: _____

_____ CELL PHONE NUMBER: _____

NAME _____ REALATIONSHIP: _____

_____ 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 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:

Are there be any restrictions to play or activities?

Please Explain:

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?

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 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?

_____ Are there any other comments or information you would like to let us 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

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