

Application for Admission

Enrollment Period [_____ - _____]

Child's Name Last _____ First _____ Middle _____

Male ___ Female ___ Date of Birth _____ Child's Current Age _____

Primary/Emergency Contact # _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

Father's Name _____

Place of Employment/Address

Occupation _____ Business Phone _____

E-mail _____ Cell Phone _____

Mother's Name _____

Place of Employment/ Address

Occupation _____ Business Phone _____

E-mail _____ Cell Phone _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Legal Custodian of Child _____

Names and ages of siblings: _____

Child's previous Care/School experience:

1. _____
2. _____
3. _____

Toilet Trained? Yes ___ No ___

Does your child have any allergies? Yes ___ No ___

If yes, please list:

Do you have any concerns regarding your child's development, abilities to learn and etc?

Yes ___ No ___

If yes, please tell us your concerns: _____

And has your child been evaluated for these concerns?

Yes ___ No ___ If yes, please attach any evaluation or assessments to this form.

Does your child have any medical condition for which he/she is on medication permanently?

Yes ___ No ___

If yes, please explain:

Has your child been referred or evaluated for testing of any kind (academic, psychological, speech, hearing, etc.)?

Yes ___ No ___ If yes, please attach any evaluation or assessment, or relevant documents

Please tell us about your child's strengths:

Please tell us about your child's weaknesses:

What interested you in our program?

How did you hear about our program?

Please select your schedule from followings:

(Some schedule selection may not be available according to current enrollments)

Extended Day (8:00am -6:00pm)

Full Day (9:00am - 6:00pm)

Half Day (9:00am - 12:00pm)

Other _____

for

5days/week or 3 days/week (M W F)

Please return the completed Application Form with **\$50 non-refundable application fee.**

(Parent/Guardian Name & Signature)

(Date)

(Provider's Name & Signature)

(Date)