



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 _____

Email _____ 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.

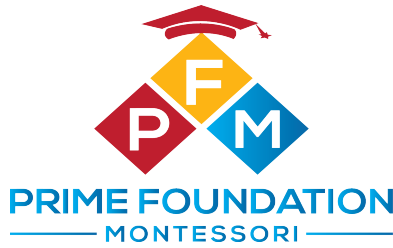
Does your child have any medical condition for which he/she is on medication permanently?

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:

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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 (7:00am - 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)