

Application for Enrollment

Child's Name: _____
D.O.B.: _____ (Age as of today: ___ years and ___ months)

Mother's Name: _____ Email: _____
Address: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Employer's Name: _____ Title at work: _____

Father's Name: _____ Email: _____
Address: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Employer's Name: _____ Title at work: _____

Emergency Contacts:

(1) Name: _____ Relationship: _____
Address: _____ Phone: _____
(2) Name: _____ Relationship: _____
Address: _____ Phone: _____

Family information:

- Your family type? (e.g. two working parents, one of parents stays home) _____
- Who has been your child's primary care giver at home? _____
- Has your child been with a nanny? If so, how long? _____
- Has your child been in daycare or preschool before? If so, how long? _____
- Does your child have any siblings? If so, how old? _____
- Have the siblings been in daycare or preschool? _____
- Do you live with any relatives at home? _____
- What languages are spoken at home? _____ What is your child's primary language?

- Is your child potty-trained? _____
- Have there been any major life changes possibly affecting your child such as job change, move?

Please check what you are applying for:

School Year: SY 2021 – 22 (Sept. 1, 2021 – Aug. 31, 2022)
 SY 2022 – 23 (Sept. 1, 2022 – Aug. 31, 2023)
 If a mid-year start is preferred, please write that start date: _____

Program: Full-Day (8:30 am to 3:30 pm)
 Half-Day (8:30 am to 12:00 pm)

Extended Care: AM extended care (8:00 am to 8:30 am)
 PM extended care (3:30 pm to 5:00 pm)

Number of Days Per Week: 5 days (Mon. to Fri.)
 4 days (Mon. to Thur.)

Parent's Name

Signature

Today's Date (Application Date)