

Application for Enrollment

Target Start	Date				Program	<u> </u>		
Child's Last Name				First Name			Nickname	
Date of Birth Age Sex			Sex	Home Phone		Cell Ph	Cell Phone	
Mailing Address			City			Zip		
Street Address			City			Zip		
Mother's Name					Father's Na	ame		
Mother's Employer					Father's Employer			
Hours	Work Phone Number				Hours	Work Ph	Work Phone Number	
	Cell N	umber			-	Cell Num	ber	
	Email	Address _	 				_	
Name and A	ges of Siblin	ıgs						
Please list tw contacted in			L) people	who are au	nthorized to take	e your child from	our facility-and who may b	
Name and relationship to child				Daytime Phone		Cell	Number	
	his applicatio	n, please b			lable \$50 applica	ition fee and one v	Number week deposit. Upon enrollme , and a copy of child's birth	
Parent/Guardian Signature						Date		
For office use only: Registr				ation Paid_		Start Date_		



This profile will help us to get to kno	w something about your child before school begins. All		
information is confidential and will o	only be seen by your child's teacher and the director.		
Name:			
Lives with both parents	Parents are divorced		
Siblings:			
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		
Name:			
	etting prior to enrollment?		
How does this child relate to his/her s	siblings?		
How would you describe this child's	temperament?		
How does he/she deal with frustration	n?		
With anger?			
	et with him/her?		
Mom, please describe your relationsh	nip with him/her		
Dad, please describe your relationship	p with him/her		
Is there anything else you would like	to tell us about your child?		