



# APPLICATION FOR ADMISSION

DATE OF APPLICATION

**CHILD'S INFORMATION:**

CHILD'S FULL NAME:

CHILD'S NICKNAME:

HOME ADDRESS:

DATE OF BIRTH:

SOCIAL SECURITY #

CITY OF BIRTH:

**FAMILY INFORMATION:**

CHILD'S MOTHER:

NAME:

OCCUPATION/TITLE:

HOME ADDRESS:

EMPLOYER:

EMPLOYER ADDRESS:

WORK PHONE:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

CHILD'S FATHER:

NAME:

OCCUPATION/TITLE:

HOME ADDRESS:

EMPLOYER:

EMPLOYER ADDRESS:

WORK PHONE:

HOME PHONE:

CELL PHONE:

EMAIL ADDRESS:

PLEASE INDICATE:        MARRIED        SINGLE PARENT        DIVORCED        SEPARATED

WITH WHOM DOES THE CHILD LIVE?

WHO HAS LEGAL CUSTODY OF THE CHILD?

HAS YOUR CHILD EVER ATTENDED PRESCHOOL OR DAYCARE?        YES        NO

IF YES, WHERE DID YOUR CHILD ATTEND?

WILL YOUR CHILD HAVE TROUBLE ADJUSTING?        YES        NO

IF YES, WHAT CAN WE DO TO HELP THEIR TRANSITION?

DOES YOUR CHILD HAVE AN ATTACHMENT TO A PACIFIER, BLANKET, OR SPECIAL TOY?        YES        NO

IF YES, WHAT IS THE ITEM AND WHEN DOES YOUR CHILD NEED THIS?

DOES YOUR CHILD LIKE TO BE READ TO?        YES        NO

IF YES, WHAT IS THEIR FAVORITE BOOK?

IS YOUR CHILD POTTY TRAINED?        YES        NO

DOES YOUR CHILD STILL HAVE ACCIDENTS?        YES        NO

IF YES, HOW OFTEN DO THEY HAVE ACCIDENTS?

DOES YOUR CHILD HAVE ANY FEARS OF:        DARK        STORMS        LOUD NOISES

DOES YOUR CHILD HAVE ANY SPECIFIC HEALTH CONDITIONS WE SHOULD BE AWARE OF?

PLEASE SELECT THE PROGRAM YOU ARE INTERESTED IN FOR YOUR CHILD:

INFANTS (**FULL-TIME ONLY**)        TODDLERS (12-24 MONTHS)        TWO'S (24-36 MONTHS)

PRE-SCHOOL (MUST BE 3YRS OLD BY AUG. 31<sup>ST</sup>)        PRE-K (MUST BE 4YRS OLD BY AUG. 31<sup>ST</sup>)

SCHOOL-AGE (BEFORE/AFTER)

PLEASE SELECT WHAT TYPE OF CARE:

FULL-TIME (M-F)

PART-TIME (MWF or TTH)