



APPLICATION FOR ADMISSION

Child's Full Name _____ Date of Birth _____

Address: _____
Street City Zip

Home Telephone: _____ Email: _____

Father's Name: _____ Occupation: _____

Work Address: _____
Street City Zip

Work Number: _____ Cell Number: _____

Mother's Name: _____ Occupation: _____

Work Address: _____
Street City Zip

Work Number: _____ Cell Number: _____

Emergency Contact (other than parent): _____

Relationship: _____ Contact Number: _____

Parent's Status: Married Separated Divorced Other

Sibling's Names and Ages: _____

Languages Spoken at Home: _____

Program Requested: Half Day AM (8:30-12:00) Half Day PM (12:00-3:30)

Full Day (8:30-3:30) Extended Day Care (3:30-5:30)

Does your child have any special needs that we should be aware of?

(Allergies, Medical, Developmental, Behavioral, etc.): _____

Does your child have any previous school or group experience? Yes No

If yes, where and what age? _____

Parent Signature: _____ Date: _____