

ENROLLMENT APPLICATION FORM

STUDENT INFORMATION

FIRST NAME	LAST NAME
DATE OF BIRTH	GENDER
PRIMARY LANGUAGE AT HOME	OTHER LANGUAGES
ADDRESS	
REQUESTED ENTRY MONTH & YEAR	

PARENT/GUARDIAN INFORMATION

NAME OF PARENT/GUARDIAN #1	
RELATIONSHIP	OCCUPATION
CELLPHONE	EMAIL
NAME OF PARENT/GUARDIAN #2	
RELATIONSHIP	OCCUPATION
CELLPHONE	EMAIL

APPLICATION

Submit the following documents:

- Non-refundable application fee of \$_____
- Recent family photo
- Supplemental Form: Getting To Know Your Child

How did you find out about our school?

- Friend Family Internet Other:_____

PARENT/GUARDIAN SIGNATURE	DATE
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STUDENT EMERGENCY INFO

OFFICE USE ONLYDATE OF
ADMISSION

DATE LEFT

STUDENT INFORMATION

FIRST NAME	LAST NAME
DATE OF BIRTH	GENDER
ADDRESS	

PARENT/GUARDIAN INFORMATION

NAME		
RELATIONSHIP		
ADDRESS		
CELLPHONE		
EMAIL		

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	①	②	③
RELATIONSHIP			
ADDRESS			
PHONE			

PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

NAME	①	②	③
RELATIONSHIP			

DOCTOR

NAME	
ADDRESS	
PHONE	
MEDICAL PLAN & NO.	

DENTIST

NAME	
ADDRESS	
PHONE	
MEDICAL PLAN & NO.	

PARENT/GUARDIAN SIGNATURE	DATE
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GETTING TO KNOW YOUR CHILD

CHILD'S NAME

BIRTHDAY

EATING

IS YOUR CHILD ON ANY SPECIAL DIET? NO VEGETARIAN VEGAN OTHER:

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? NO YES:

WHAT DOES YOUR CHILD USE FOR DRINKING? BOTTLE SIPPY CUP CUP NURSING OTHER:

DOES YOUR CHILD FEED THEMSELVES AT HOME? YES IF NOT, WHO DOES THE FEEDING?

HOW OFTEN DOES YOUR CHILD EAT?

FOODS THEY LIKE:

FOODS THEY DISLIKE:

SLEEPING

HOW MANY TIMES DOES YOUR CHILD NAP PER DAY?

WHAT TIME DO THEY NAP AT?

DOES YOUR CHILD SLEEP WITH ANYTHING? BLANKET TOY LOVEY PACIFIER OTHER:

ANY SPECIFIC NAP TIME ROUTINES AT HOME?

WHERE DOES YOUR CHILD SLEEP AT HOME?

HYGIENE

DOES YOUR CHILD USE DIAPERS? YES, ALL THE TIME YES, JUST FOR NAPS NO

ARE YOU IN THE PROCESS OF POTTY TRAINING? YES NO

WHAT POTTY TRAINING METHOD IS USED AT HOME?

HOW DOES YOUR CHILD LET YOU KNOW WHEN THEY NEED "TO GO"?

CAN YOUR CHILD USE THE TOILET? YES NO, ONLY THE POTTY

FINE & GROSS MOTOR SKILLS

DOES YOUR CHILD HAVE ANY HANDICAP OR PROBLEMS THAT REQUIRE SPECIAL SERVICES? NO YES:

CAN YOUR CHILD... PUT ON SHOES PUT ON JACKET USE A CRAYON TO DRAW

HEARING & VISION

ANY CONCERNS ABOUT YOUR CHILD'S HEARING? NO YES:

ANY CONCERNS ABOUT YOUR CHILD'S VISION? NO YES:

LANGUAGE DEVELOPMENT

WHAT IS THE PRIMARY LANGUAGE YOUR CHILD SPEAKS AT HOME?

ARE THERE ANY OTHER LANGUAGES SPOKEN?

HOW DOES YOUR CHILD RESPOND TO YOU? WORDS PHRASES SENTENCES BODY LANGUAGE

SOCIAL & EMOTIONAL DEVELOPMENT

IS YOUR CHILD COMFORTABLE IN A GROUP SETTING? YES NO

DOES YOUR CHILD DO BETTER IN SMALL GROUP SETTINGS OR LARGE GROUP SETTINGS?

DOES YOUR CHILD TEND TO BE THE LEADER OR THE FOLLOWER?

DOES YOUR CHILD LIKE TO PLAY ALONE OR WITH PEERS?

HOW LONG CAN YOUR CHILD FOCUS AND SIT STILL IN A GROUP ACTIVITY?

HOW LONG CAN YOUR CHILD FOCUS AND COMPLETE AN ACTIVITY BY THEMSELVES?

WHAT SOOTHES YOUR CHILD?

WHAT FRIGHTENS OR UPSETS YOUR CHILD?

HOW WOULD YOU DESCRIBE YOUR CHILD'S TEMPERAMENT AND PERSONALITY?

PREVIOUS CHILDCARE & DAYCARE HISTORY

NAME	①	②
DATES		
ADDRESS		
PHONE		

FAMILY BACKGROUND

DOES YOUR CHILD HAVE ANY SIBLINGS?

WHO ELSE DOES YOUR CHILD LIVE WITH?

WHAT IS YOUR PARENTING STYLE / PHILOSOPHY?

WHAT ARE YOUR EXPECTATIONS OR GOALS FOR YOUR CHILD AT OUR SCHOOL?

IS THERE ANYTHING ABOUT YOUR FAMILY, EXTENDED FAMILY OR CHILD THAT YOU WOULD LIKE TO SHARE WITH US?

EMERGENCY MEDICAL TREATMENT CONSENT FORM

CHILD'S INFORMATION

FIRST NAME	LAST NAME
DATE OF BIRTH	SEX
HEALTH CONCERNS	
ALLERGIES	

As the parent or authorized representative, I hereby give consent to _____
(herein known as School) to obtain all emergency, medical, or dental care prescribed by a duly
licensed physician (M.D.), osteopath (D.O.) or dentist (D.D.S.) for _____.
This care may be given under whatever conditions are necessary to preserve the life, limb, or well
being of the child named above.

PARENT/GUARDIAN NAME	DATE
SIGNATURE	CELLPHONE
HOME ADDRESS	

FIELD TRIP PERMISSION FORM

CHILD'S NAME

BIRTHDAY

I am the parent or legal guardian of _____ . I hereby give my consent to _____ (herein known as School) to take my child to field trips, neighborhood walks/parks under the supervision of the school staff.

In case of an accident that occurred to my child, I hereby covenant and agree that no action of recovery of loss or damage resulting therefrom will be taken against School including the owner(s) and its employees.

PARENT/GUARDIAN SIGNATURE

DATE

OVER-THE-COUNTER MEDICATION RELEASE FORM

CHILD'S NAME

BIRTHDAY

The following guidelines pertain to administering over-the-counter medications:

- Written parent/guardian permission is required to administer this medication.
- All medications must be provided in their original packaging and labeled with the child's full name.
- All medications must be provided by parents with the exception of Neosporin and hydrocortisone, which the school provides.
- All medication is to be kept in a medication box, inaccessible to any child.
- All medication labels must include instructions for administration and expiration date. Teacher/staff will administer the medication as directed on the medication label.

MEDICATION INSTRUCTIONS (IF PACKAGING IS MISSING)

NAME OF MEDICATION

REASON FOR MEDICATION

METHOD OF MEDICATION ADMINISTRATION: ORAL DROPS INHALE INJECTION OTHER:

DOSAGE OR AMOUNT OF MEDICATION (E.G. 1 TSP):

SPECIFIC TIME(S) MEDICATION IS TO BE ADMINISTERED:

SPECIFIC DATE(S) MEDICATION IS TO BE ADMINISTERED:

POSSIBLE SIDE EFFECTS OF MEDICATION:

SPECIFIC INSTRUCTIONS:

I give the staff of _____ (herein known as School) permission to administer the medication to my child. I agree not to hold School or any of their employees responsible for any health issues that may occur due to the medication.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTOGRAPHY, AUDIO, VIDEOGRAPHY CONSENT FORM

CHILD'S NAME

BIRTHDAY

I am the parent or legal guardian of _____. I hereby give my consent to _____ (herein known as School) to take and use: photographs and/or digital image and/or video footage of my child for educational and promotional materials.

These materials include, but are not limited to, printed publications, posters, brochures, thank you cards to person(s) and/or organizations who support their learning, electronic publication and/or websites.

I further agree that my child's name and identity may be revealed in descriptive text or commentary. I authorize the use of these images without compensation to me and my immediate family members and all images are properties of School. I agreed to waive, release and discharge School from any claims or liability from the use of my child's images for the above purposes.

PARENT/GUARDIAN SIGNATURE

DATE

PRESCRIBED MEDICATION RELEASE FORM

CHILD'S NAME

BIRTHDAY

The following guidelines pertain to administering over-the-counter medications:

- Written parent/guardian permission is required to administer this medication.
- A physician's prescription **MUST** be attached to this form.
- All medications must be provided in their original packaging and labeled with the child's full name.
- All medications must be provided by parents.
- All medication is to be kept in a medication box, inaccessible to any child.
- All medication labels must include instructions for administration and expiration date. Teacher/staff will administer the medication as directed on the medication label.

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PARENT/GUARDIAN SIGNATURE

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