Date:_____ Admission Request Date: _____

Child's Name: _____ Sex: M F DOB: __/__/____

Address: _____

(street) (town) (zip)

Father's Name: _____ Occupation: _____

Company:_____ Phone: _____

E-mail: _____

Mother's Name: _____ Occupation: _____

Company:_____Phone: _____

E-mail: _____

What is the most important part of your child's early childhood education?_____

_____

Getting To Know Me

Nicknames:_____

Favorite Toy:_____

Favorite Way to Play: _____

Favorite Snack: _____

Siblings:_____

Pets: _____

Have you ever been in a day care/ preschool before? _____

Developmental Concerns: _____

(Failure to disclose developmental concerns prior to enrollment can result in termination due to inability to meet concerns while in care)

Unique Family Situation: _____

What is your early education philosophy?

_____

_____

Anything else you want to share: (Good, Funny, Serious, Concerns, Fears, etc)

_____

_____