



Art of Play

Early Learning Center

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)
