



POSH Kids Development Center Student Application

1.

What is your name	Phone #
Email is required for the application to be completed and accepted.	
Email:	Works @
Mailing Address:	

2.

Child 1:	Age:	Birthdate:	Notes:
Child 2:	Age:	Birthdate:	Notes:
Child 3:	Age:	Birthdate:	Notes:

3. Days and times.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	<input type="checkbox"/> Set	<input type="checkbox"/> Varies	Have you been to our website? Yes or No
Time In						Schedule Notes:		
Time Out								

4.

What is your spouse's/Partner's name?	Phone:
Email:	Works @:
5. How did you hear about POSH Kids Dev. Center? Internet Drive By/ Sign Flyer <input type="checkbox"/> Facebook <input type="checkbox"/> Online ad <input type="checkbox"/> Friend/Family: _____ <input type="checkbox"/> Other: _____	Custody Info:
6, Now what is the main reason for your visit today? <input type="checkbox"/> New/different employment <input type="checkbox"/> New to area <input type="checkbox"/> Looking to switch daycares <input type="checkbox"/> Family/friend situation not working out <input type="checkbox"/> Recent divorce/break up <input type="checkbox"/> Other, List: _____	Eligible for Child Care Assistance (Subsidy) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Wants Info
7, Have the children ever been in a childcare or preschool setting? Yes or No What are you currently doing for childcare? Family/friends Home Daycare Area Center(list): Stay @ home	



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8, What would you say are the MOST IMPORTANT QUALITIES you are looking for in a preschool Program?

Socialization Learning Environment

- ☐ Reliability
- ☐ Qualified Staff
- ☐ Webcams
- ☐ Location
- ☐ Hours
- ☐ List Others:

Reason for leaving/switching providers?

9, What if any are your BIGGEST CONCERNS or WORRIES about preschool?

- ☐ Child Safety
- ☐ Child is loved
- ☐ News Horror Stories
- ☐ Neglect
- ☐ Other, List:

Thank you for filling out the application.