



2017-18 School Year Application

Today's Date _____

Full name of child _____ Gender _____

Birthdate _____ Current school and grade _____

Mother/Guardian name _____ Home phone _____

Address _____
Street City Zip Code

Occupation _____ Work phone _____

Skills and Interests _____ Email _____

Father/Guardian name _____ Home phone _____

Address _____
Street City Zip Code

Occupation _____ Work phone _____

Skills and Interests _____ Email _____

Preferred Schedule (circle choices):

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>
<i>AM PM</i>	<i>AM PM</i>	<i>AM PM</i>	<i>AM PM</i>

Where did you hear about our school? _____

Please state briefly the reasons for your interest in this school _____

Has your child participated in any preschool programs? Which ones? _____

HOME LIFE

Does your child live with both parents? If not please describe present living situation _____

Does your child have siblings? How do they get along? _____

Describe a typical breakfast, lunch and dinner for your child _____

Bed Time _____ Waking Time _____ Any Nap Times _____

How does your child enjoy spending their time _____

How many hours per week is media part of your child's routine?

Television _____

Videos/Movies _____

Computer _____

Electronic Games _____

If the school asks to limit media time for your child, would you have difficulty in meeting this request? _____

If so, please explain _____

Does your child have special needs, challenges or fears? _____

Does your child have any strong like or dislikes (food, clothing, noises, etc.)? _____

What form of discipline do use at home? _____

In order to help us better understand your child, please share with the us the experience of your pregnancy, birth or adoption and your child's first year in terms of health and development _____

Is there anything else you would like us to know about your child? Feel free to write on the back _____

CHILD'S HEALTH AND DEVELOPMENT

Does your child have any food/other allergies? _____

Has your child had any serious or chronic illnesses, accidents or injuries? _____

Does your child take medicine presently? _____

Does your child have a medical condition that would prevent any regular play activity? _____

Signature of Parent or Guardian

Date