

PLEASE PRINT

APPLICATION FOR ADMISSION

Toddler Classroom (age 18 months – 3 years)

Name of Student _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Phone () _____ Sex _____ Age _____ Date of Birth _____

Father's Name _____ Business Phone _____

Business Name _____

Business Address _____

Occupation _____ Cell Phone _____

Email Address: _____

Mother's Name _____ Business Phone _____

Business Name _____

Business Address _____

Occupation _____ Cell Phone _____

Email Address: _____

Children Living With _____ Other Children in the Family (Names & Ages) _____

Is there any medical, environmental, or behavioral history that would be useful in helping to understand your child?

Child's Pediatrician _____ Phone _____

Address _____

Emergency Contact _____ Relationship _____

Phone _____

How did you hear about our school? _____

Please indicate your choice for number of days and hours needed:

Number of Days 5 Full Days _____ 3 Full Days(MTW) _____ (By April 30th)

2 Full Days(THF) _____ (By April 30th)

Will you need extended hours? Yes ___ No ___ If yes, AM (7:30 - 8:30) ___ PM (3:30-6:30) ___

Signature _____ Date _____

(January 2017)