

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 _____

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

Number of Days 5 Days _____ 3 Days(MTW) _____ **Confirmed (after April 30th)** 2 Days(THF) _____ **Confirmed (after April 30th)**

5 Half Days AM _____ 3 Half Days AM _____ 2 Half Day AM _____

5 Half Days PM _____ 3 Half Days PM _____ 2 Half Day PM _____

Will you need extended hours? Yes ___ No ___ If yes, AM (7-9) ___ PM (3:30-6:30) ___

Signature _____ Date _____

(Jan 2012)