



## Application for Admission

### Child's Information

Child's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Gender: ☐ Male ☐ Female Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Enrollment Information

Application Date \_\_\_\_\_ Anticipated First Day of School \_\_\_\_\_

Room Assignment: ☐ Infant (6-12 months) ☐ Toddler (1-3 years) ☐ Children's (3-6 years)

Desired Program (check all that apply):

☐ Half-Day (8:30 AM – 12:00 PM)

☐ Full-Day (8:30 AM – 2:30 PM)

☐ Before Care (8:00 AM – 8:30 AM)

☐ After Care (2:30 PM – 5:30 PM)

Previous Schooling? ☐ Yes ☐ No

Where? \_\_\_\_\_

### Parents's Information

Home Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Marital Status: ☐ Together ☐ Separated ☐ Divorced

Child resides with: ☐ Both Parents ☐ Mother ☐ Father

Permitted to remove child from School:

Mother ☐ Yes ☐ No

Father ☐ Yes ☐ No

**Person to be notified if parents cannot be reached:**

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
Allowed to Remove Child From School [ ] Yes [ ] No

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
Allowed to Remove Child From School [ ] Yes [ ] No

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
Allowed to Remove Child From School [ ] Yes [ ] No

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
Allowed to Remove Child From School [ ] Yes [ ] No

Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
Allowed to Remove Child From School [ ] Yes [ ] No

**Healthcare Information**

Pediatrician Name \_\_\_\_\_ Pediatrician Phone Number \_\_\_\_\_

Pediatrician Address \_\_\_\_\_

General Health of Child: \_\_\_\_\_ Allergies: \_\_\_\_\_

Any Serious Illness or Accident: \_\_\_\_\_

**RELEASE FOR EMERGENCY CARE**

To whom this may concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child listed in this document in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants.

Insurance Company Covering Child:

Policy #:

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Name Signature

\_\_\_\_\_  
Date

How did you hear about us?