

Application for Enrollment

Child's Name _____ Date of Birth _____

Child's Birth/Current Gender _____ Preferred Pronouns for Child _____

Proposed Date of Entrance _____

Child's projected age in September of proposed school year ____ years ____ months

I am applying for:

Full Days (8:30a.m. - 3:30p.m.) ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

Half Days (8:30a.m. - 12:15p.m.) ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri

Are you applying for a spot with financial aid? ____ no ____ yes

If yes, please share the annual tuition amount you can commit to for the proposed school year so we can ensure our resources can and will meet your needs:*

Please keep in mind all morning snacks/lunches, outdoor gear, diapers/wipes, and nap supplies are included in tuition.

**Response required*

If part-time, are the days you selected:

____ Fixed (cannot have days of the week other than those selected)

____ Preference (days of the week can change if needed but prefer those selected)

Family Information

Parent/Guardian 1:

Name _____

Pronouns _____

Address _____

Phone _____

Employer _____

Position _____

Email Address _____

Parent/Guardian 2:

Name _____

Pronouns _____

Address _____

Phone _____

Employer _____

Position _____

Email Address _____

Language(s) spoken at home: _____

Child lives with (please list all primary caregivers/partners that apply and their relationship to the child):

Specific custody arrangements, if any: _____

Please list the names and ages of other members of the household(s) (use extra paper if needed):

Name _____ Date of Birth _____ Relationship to child _____

Name _____ Date of Birth _____ Relationship to child _____

Name _____ Date of Birth _____ Relationship to child _____

Pets _____

Child's Information

What do you hope to see for your child in the program?

What kinds of anti-racist actions do you walk in your life? (Question optional for BIPOC families)

In what ways does your family contribute/give back to your community (in whatever sense community means to you)? How does reciprocity play a role in your life?

Please describe your child's experience outside the home (babysitter, playgroup, playmates, grandparents, etc.):

How often does your child watch TV or videos? Use the computer/tablet/iPad? _____

Are there special considerations you have for your child of which we should be aware? (extraordinary events; medical, movement, behavioral, or emotional concerns) _____

Is your child taking any regularly scheduled medications? Please specify (send records where applicable)

Has your child ever had any sensory, movement, or REACH evaluations or any emotional or psychological testing?
__ yes __ no If yes, please describe and attach copies of the report.

Does your child have any allergies? _____

Comments: Is there anything else you would like us to know about your child? (Please use additional paper if necessary)

Please tell us how you heard of our program: _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 1 Signature _____ Date _____