

Application for Enrollment

Child's Name	Child's Name Date of Birth Child's Birth/Current Gender Preferred Pronouns for Child				
Sibling also applying for enrollmen					
Proposed Date of Entrance	••				
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.)					
Are the days you selected:					
Fixed (cannot have day	s of the we	ek other the	an those selec	ted)	
Preference (days of th					cted)
		endige in in			
Are you applying for a spot with	financial a	id? I	No Ye	c	
If yes, is the aid requested for a:					scholarship
25% scholarship		•		•	•
	onner (Requ	dested turno)
Family Information					
Parent/Guardian 1:		Daront/Gua	rdian 2:		
Parent/Guardian 1: Parent/Guardian 2: Name Name					
Pronouns					
Employer		• •			
Position					
Phone					
Email Address		Email Addre	ss		
Language(s) spoken at home:					
Child lives with (please list all prin	nary caregi	vers/partner	rs that apply):		
Specific custody arrangements, if					
If two households, mailings should	be sent to:	Parer	it/Guardian 1	Parent/G	Suardian 2
		• • • •			
Please list the names and ages of					
Name					
Name					
Name	_ Date of Bi	irth	Relationsh	nip to child	
Data					

'ets _

What kinds of a	anti-racist actio	ns do you walk in	your life? (Question	optional for BIPOC families)
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Please describe your	child's experience ou	tside 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)					
tas your child ever had any sensory, movement, or REACH evaluations or any emotional or psychological testing?					
• • •	•	If yes, please describe and attach copies of the report.			
Does your child ha	ave any alle	rgies?			
Is there anything	else you wa	ould like us to know about your child? <i>(Use extra paper if needed)</i>			
Please tell us how	v you heard	of our program:			
Parent/Guardian	1 Signature	2 Date			
Parent/Guardian	1 Signature	e Date			

The Maple Hill Play Garden both seeks to counter historical systemic racism and to promote and embrace diversity in its family and student body. We do not discriminate on the basis of race, color, religion, sexual orientation, or national origin in our admissions or educational policies.