



2017-2018 Application Form

Child's Full Name: _____
First Middle Last

Date of Birth: _____ Identified Gender _____

Home Address: _____

Parent #1 Name: _____

Address if different: _____

Primary Telephone Number: _____ Work Number: _____

Email: _____

Parent #2 Name: _____

Address if different: _____

Primary Telephone Number: _____ Work Number: _____

Email: _____

Child resides with (please circle): One parent/Both Parents

Primary Language Spoken in the Home? _____

Other Languages your child is exposed to? _____

Has your child had any previous school or daycare? (please circle) Yes/No

Has your child had any Early Intervention Services? (please circle) Yes/No

Please check which program you are applying for (half-day or full-day):

_____ Half-Day AM (9-11:30AM) Three's turning four

_____ Half-Day PM (12:30-3PM) Four's turning five

_____ Full Day Program (9-2:30PM) Multi-age