



### Toddler Application for Admission

2014 – 2015 School Year (September 2, 2014– May 29, 2015)

**What would be your child's ideal schedule?** *Please see tuition schedule for details.*

5 days \_\_\_\_\_ Other \_\_\_\_\_

Half Day (8:30am to 12:30pm) \_\_\_\_\_ Full Day (8:30am to 3:00pm) \_\_\_\_\_

Desired start date \_\_\_\_\_

**Child's Full Name + Age** \_\_\_\_\_

Name Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

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

Home Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mother's Mobile Phone \_\_\_\_\_ Mother's Office Phone \_\_\_\_\_

Firm/Occupation \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Talents, hobbies, special interests \_\_\_\_\_

Address (if different) \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Father's Mobile Phone \_\_\_\_\_ Father's Office Phone \_\_\_\_\_

Firm/Occupation \_\_\_\_\_

Father's Email: \_\_\_\_\_

Talents, hobbies, special interests \_\_\_\_\_

Address (if different) \_\_\_\_\_

**Siblings:** Names and Ages \_\_\_\_\_

**Others** living with family \_\_\_\_\_

**Pets'** names and species \_\_\_\_\_

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Would this be your child's first experience with school/ outside childcare? \_\_\_\_\_

What are your child's interests and recent milestones? \_\_\_\_\_

What foods does your child regularly enjoy? \_\_\_\_\_

How do you redirect your child when they are making choices that are unsafe, inappropriate or disrespectful? \_\_\_\_\_

What are your educational goals for your child? \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs at school: \_\_\_\_\_

Is there any other pertinent information that could facilitate the care and education of your child? \_\_\_\_\_

Has your child had any medical issues? If so, what and what kind of treatments has he received? \_\_\_\_\_

Is your child currently in diapers or trainers? If so, what kind? \_\_\_\_\_

What is your toilet training plan and method? \_\_\_\_\_

Are you willing to continue toilet training on nights and weekends once initiated in the classroom, in the method and consistency recommended by your child's teachers? \_\_\_\_\_

Are you willing to attend parent education events and to perform volunteer activities on a regular basis? \_\_\_\_\_

Are you willing to contribute to the class' snack on a regular basis? \_\_\_\_\_

**Parent(s) signature**

**Date**