

2017-2018

Application for 5-Day Class

(birthday on or before 8/1/13)

Child's name: _____

Preferred name: _____

Date of birth: _____/_____/_____

3-Day Class Preference: Morning: 8:30-11:30 (Monday & Friday Mornings Only)
 Afternoon: 12:30-3:30



Contact Information

Parent's name(s): _____

Child lives with: both parents mother father other _____

Home address: _____

City, state, zip: _____ Home phone: _____

Mother's cell: _____ Email: _____ Father's cell: _____ Email: _____

Father's occupation: _____ Mother's occupation: _____

Names and ages of other children in family: _____

Background: Caucasian African American Native American Hispanic Asian prefer not to answer

About your child

Pets _____

Favorite play activities: _____

What does your child enjoy?

- outdoor play nature activities art projects puzzles/games watching TV
- video games computers books music other _____

Other regular caregivers? (baby sitters, grandmother) _____

Other organized social experiences? (Sunday School, day care) _____

Does your child have allergies? _____

Are there other medical problems that might affect school participation or behavior? _____

Fears? _____

In what ways do you expect your child to benefit from a preschool experience? (Please use back.)

- registration fee/date: _____ CBC fee/date: _____ # of CBC's _____
- advance month's tuition fee/date: _____ first month's tuition fee/date: _____