

**2019-2020**

**Application for 5-Day Class**

(birthday on or before 8/1/15)

Child's name: \_\_\_\_\_

Preferred name: \_\_\_\_\_  Female  Male

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: \_\_\_\_\_