

SCHOOL YEAR: \_\_\_\_\_

START DATE: \_\_\_\_\_



35 MAPLE STREET • BRISTOL, CONNECTICUT 06010

**APPLICATION FOR ENROLLMENT**

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ M \_\_\_\_\_ F

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHILD'S PREFERRED NAME: \_\_\_\_\_

PARENTS' FULL NAMES: \_\_\_\_\_

\_\_\_\_\_

CHILD LIVING WITH: \_\_\_\_\_

\_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ CELL PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ CELL PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OTHER PERSONS IN HOUSEHOLD: *(please list name, age and relationship)*

\_\_\_\_\_

\_\_\_\_\_

PERSON OTHER THAN PARENTS TO CALL IN CASE OF EMERGENCY: *(local, if possible)*

_____	_____	_____
Name	Relationship	Cell Phone Number

\_\_\_\_\_

Cell Phone Number



**DO YOU PREFER:**

Tuesday / Thursday 2-day AM Classes (3 year old) \_\_\_\_\_

Monday / Wednesday / Friday 3-day AM Classes (4 year old) \_\_\_\_\_

Monday – Friday 5-day PM Classes (4 year old) \_\_\_\_\_

**PLEASE LIST ANY LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME:**

\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD:**

**TOILETING:** *(Child must be toilet trained)*

What request words does your child use when asking to use the toilet?

\_\_\_\_\_

\_\_\_\_\_

Frequency? \_\_\_\_\_

**DRESSING:**

Does your child dress him/herself? \_\_\_\_\_

Any difficulties? (i.e. buttons, belts or zippers) \_\_\_\_\_

\_\_\_\_\_



**BEHAVIOR:**

Circle the appropriate words that best describe your child:

calm - excitable - tires easily - easily angered - whining - crying - happy - negative - cooperative - shy - friendly - tearful - aggressive - persistent - sensitive - other: \_\_\_\_\_

What type of discipline is used most frequently at home? (*verbal, time outs, redirecting*)

\_\_\_\_\_

Please list any specific behavioral problems \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL:**

Does your child have any chronic conditions? (*asthma, allergies, etc.*) \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_ If so, please list: \_\_\_\_\_

\_\_\_\_\_

**CHILD'S DOCTOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**GENERAL:**

Describe any organized group experience your child has had: (Religious school, dance lessons, movement classes, day care, story hour) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_