

Discoveryland Preschool

LICENSE # 283010218; 283010219

Application Form

Child's name: _____ Child's age: _____ Child's birth date: _____
LAST FIRST MIDDLE MONTH DAY YEAR

Child's nickname: _____ Child's gender: _____ Child lives with: _____

Address: _____
STREET CITY STATE ZIP

Child's Father: _____ Home phone: _____ Mobile: _____

Father's employer: _____ Work phone: _____ Pager #: _____

Child's mother: _____ Home phone: _____ Mobile: _____

Mother's employer: _____ Work phone: _____ Pager #: _____

Secondary residence: _____ Mother/Father: _____

Visitation schedule (if applicable): _____

Other adults in the home: _____ Relation: _____

Other children in the home: Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

CHILD'S HABITS

Toilet-trained: Yes No Can care completely for own bathroom needs: Yes No Takes Naps: Yes No

Sleep security objects _____

PARENT'S COMMENTS

What areas of growth are you especially hoping the preschool experience will foster in your child this year?

How can the staff best communicate with you about your child's progress?

Email: _____

(Over)

When are you hoping to enroll your child? _____

What schedule do you want?

Full-day: Monday–Friday

Half-day: Monday–Friday, 8 am - 3 pm

Your reason for wanting to enroll your child is:

Working parent(s)

Parent in school

Enrichment

Social association

Other: _____

How did you hear about Discoveryland? _____

Application Fee: 40.00 Paid

Signed: _____ Date: _____

After filling out this application and paying the application fee, you will be given a spot on the enrollment list or will be placed on a waiting list for the next available spot. Children will be given slots when placed on the waiting list in the order they turned in their application.