

# EARLY WORLD CHILDRENS SCHOOL

[www.earlyworldschool.com](http://www.earlyworldschool.com)

## ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_  
Last First Middle Preferred Name

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Years \_\_\_\_ Months Gender: (circle) Male or Female

Days & time you wish your child to attend: M T W Th F Approximate hours: from \_\_\_\_\_ to \_\_\_\_\_

Starting date \_\_\_\_\_ Termination date \_\_\_\_\_

**(Circle) Mother Father Guardian**

**(Circle) Mother Father Guardian**

Name \_\_\_\_\_

Name \_\_\_\_\_

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

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

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Home Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

If parents cannot be reached, please identify persons whom we may contact and who may pick up your child

NAME OF CONTACT PHONE NUMBER RELATIONSHIP TO CHILD

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Out of area contact \_\_\_\_\_ Phone # \_\_\_\_\_  
(Required for our emergency/disaster plan)

Where did you learn about us?

\_\_\_\_\_

**Personal History:**

The following information will be beneficial to the director and teacher in working with your child and will enable us to be more effective in dealing with different problems and situations as they arise. Please be assured that all information will be kept confidential.

Previous childcare experience? (Circle)    Preschool    Daycare Center    Church School    Home Daycare    Montessori  
Other \_\_\_\_\_

What was your child's reaction? \_\_\_\_\_

How well does your child play with children his/her own age? \_\_\_\_\_

Does your child usually play alone \_\_\_\_\_ with 1 or more children \_\_\_\_\_ with siblings \_\_\_\_\_ others \_\_\_\_\_

What are some your child's talents and strengths? \_\_\_\_\_

What are some of your child's favorite activities? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

Are there any behaviors that you would like us to watch for? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

What behavior method (s) do you frequently use with your child? \_\_\_\_\_

If there are any special circumstances such as divorce, remarriage, parental death, adoption, moving, new sibling, etc.  
please indicate \_\_\_\_\_

Do we need to be aware of any custodial arrangements? \_\_\_\_\_

What language is most commonly spoken in your home? \_\_\_\_\_

What other information could be helpful for us to know in order to facilitate your child's transition into our school?  
\_\_\_\_\_  
\_\_\_\_\_

Special eating habits: \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_ If yes, what foods and why? (personal, religious) \_\_\_\_\_

Is your child allergic to any foods? \_\_\_\_\_ If yes, what foods/reactions? \_\_\_\_\_

What is your child's typical naptime schedule and routine? \_\_\_\_\_

Parental Expectations of school: \_\_\_\_\_

Comments: \_\_\_\_\_

**Health History:**

Are there any health concerns with your child that we should be aware of? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Does your child have any *other* allergies (not food related)? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

How does your child react when having an allergy attack? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Has your child had any of the diseases listed below?

Bronchitis \_\_\_\_\_ Date \_\_\_\_\_ Measles (Hard) \_\_\_\_\_ Date \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Date \_\_\_\_\_ German Measles (3 day) \_\_\_\_\_ Date \_\_\_\_\_

Hepatitis \_\_\_\_\_ Date \_\_\_\_\_ Mumps \_\_\_\_\_ Date \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Date \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Date \_\_\_\_\_

Has your child has illnesses *other* than above? \_\_\_\_\_

How does your child typically act when he/she is ill? \_\_\_\_\_

Has your child been tested/treated for concerns about:

Speech

Hearing

Vision

Development

Behavior

Other? \_\_\_\_\_

Is there any other information that you would like to share with us about your child? \_\_\_\_\_

**Emergency Release**

In the event that I cannot be located, I hereby give my consent to the school staff to administer first aid, call for emergency medical help, and/or transport my child to a medical facility to treat my child. I expect that a conscientious effort will be made to locate me or my designees.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Field Trip/off premises activity authorization**

I hereby consent and authorize my child be allowed to participate in field trips. In addition, by signing this authorization, the parent or legal guardian is representing his child is physically capable of participating in field trips.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Photography Release**

I give Early World Children's School permission to photograph my child for the use of classroom and/or school displays.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date