



School Year 2009 – 2010

Application for: *(Please type or print)*

(times are flexible & can be changed to suit your needs)

- | | | |
|---|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Infant (6 weeks-20 mos.) | <input type="checkbox"/> 7-12:30 | <input type="checkbox"/> 9-11:30 |
| <input type="checkbox"/> Toddler (20 mos.-3 yrs) | <input type="checkbox"/> 12:30-6:30 | <input type="checkbox"/> 12:30-3 |
| <input type="checkbox"/> Preschool (3-4 yrs) | <input type="checkbox"/> 7-6:30 | <input type="checkbox"/> 9-3 |
| <input type="checkbox"/> Kindergarten (5 yrs) | | |
| <input type="checkbox"/> Kindergarten Enrichment (before or after public school kindergarten) | | |

Before and/or After School Program for Elementary Students 7-9 and/or 3-6:30

2 Days Mon. Tues. Wed. Thurs. Fri. **3 Days** Mon. Tues. Wed. Thurs. Fri. **5 Days**

Child's Full Name _____ Male Female
(as it should appear on school records)

Correspondence should be addressed to: _____
 Address _____ Child's Date of Birth _____

City _____, State _____, Zip Code _____

Home Telephone _____ County _____

Please list all members of the student's family household:

Parent(s) _____ Father's full name: _____

Other adult(s) _____
 _____ Employer _____

Sibling	Age	Present School	Street	City	State	Zip Code	Position	Telephone
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

- Parents married
- Parents separated
- Parents divorced
- Student was adopted
- Father deceased
- Mother deceased
- Father remarried
- Mother remarried

Mother's full name: _____

Employer _____

Financial responsibility for the student's tuition will be assumed by:

Street _____

City _____ State _____ Zip Code _____

Position _____ Telephone _____

Let us know if we need to cater a program to accommodate your lifestyle.

How did you learn about A Child's Place? _____

Has your child had any specialized evaluations, If so, please list.

Test/Evaluation _____ Administered by _____ Date _____

Test/Evaluation _____ Administered by _____ Date _____

Has your child received any specialized tutoring or private treatment? If so, please describe.

Does your child have any physical limitations or allergies? _____

Has your child ever suffered any serious illness, injury, or hospitalization? _____

Is your child currently receiving any medication? If so, please list. _____

For preschool and kindergarten students:
How does your child spend his/her spare time?

What responsibilities does your child have at this stage in his/her life around your home and neighborhood?

Please share with us any interests, hobbies, likes or dislikes that will help us teach your child.