Program Application

Date of Application:_____

Program Needed (please circle) : Toddler, Preschool, Pre-Kindergarten, Camp

Child's Teacher:_____

Child's Name:_____

Sex: M F

Date of Birth:_____

Address:_____

Parent/Guardian's Contact Information

Parent/Guardian's Name_____

Address_____

Work Phone:_____ Home Phone:_____

Cell Phone:_____ Email address:_____

Parent/Guardian's Name:_____

Address:_____

Work Phone:_____ Home Phone:_____

Cell Phone:_____ Email address:_____

Please list the name and age of anyone living in the house with the child

_____

_____

_____

_____

_____

Child's Medical Information

Child's Primary Care Doctor:_____

Address:_____

Telephone:_____

Please list any specialists involved in the medical care of your child.

Name:_____

Specialty:_____

Address:_____

Telephone:_____

Child's Medical History

Does your child have any known allergies?_____

Please list all allergies and your child's allergic reaction

Allergy	Reaction
_____	_____
_____	_____

Is there a history of allergies in your family?_____

Does your child have any dietary needs or special

requirements?_____

Does your child take any medications on a regular basis?_____

Please Explain:_____

Does your child have any seeing or hearing impairments?_____

Does your child have any difficulty with speech?_____

Are there any other medical conditions or concerns that we should be aware of?_____

_____

Child's Developmental History

What are your child's favorite indoor and outdoor activities?_____

_____

_____

What are your child's strengths?_____

_____

Are there any areas of development that you feel your child needs more practice in?_____

_____

_____

What are you looking for in an early childhood program?_____

_____

Is there anything else you would like to tell us about your child?_____

_____

_____