

Registration Form



Child's Full Name _____ Sex: M ___ F ___
(first) (middle) (last)

Name by which child likes to be called: _____ (OPTIONAL) Race: _____

Date of Birth _____ Age as of Sept. 1, 2010: ___ Yrs. ___ Mos.

Parent _____ Parent _____

Address _____ Address _____

email _____ email _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Place of Work _____ Place of Work _____

Languages spoken at home: _____

How did you hear about us? _____

Please select your choices for enrollment below. You may choose a five-day program (M-F), a three-day program (MWF), or a two-day program (T/TH). You may choose Morning or Full Day within these programs. The Children's School also offers a Lunch and Play period between 12 and 1pm. These slots will go first to full day children. Any remaining openings will be contracted, as according to policy, once school enrollment is full.

MORNING PROGRAM in which you are enrolling your child:

[] 8:00 – 12:00 [] Monday [] Tuesday [] Wednesday
[] Thursday [] Friday

FULL DAY PROGRAM in which you are enrolling your child:

[] 8:00 – 4:00 [] Monday [] Tuesday [] Wednesday
[] Thursday [] Friday

Please list the names and ages of siblings:

(Please put an * by the child's name if they also attended The Children's School)

Please list your child's previous childcare and/or preschool experience:

Location/School _____ Date(s) Attended _____

What features about The Children's School have prompted you to apply for our program?
(teachers, facility, philosophy, friend's recommendation, etc.)

Please describe specific aspects of previous preschool/childcare experiences that you liked or disliked:

Please feel free to offer any comments or information about your child that you feel the teachers would find helpful. (i.e. play habits, likes, fears, interests, dislikes, etc.)

Please indicate the benefits that you expect your child to derive from The Children's School in the coming year.

MEDICAL INFORMATION

Is your child immunized? () Yes () No If no, please attach a letter of exemption (can be obtained from office).

Pediatrician: _____ Phone Number _____

Dentist: _____ Phone Number _____

Insurance Provider: _____ Policy #: _____

Allergies, Dietary Requirements or Medications _____

Please return this form with your **NON REFUNDABLE** Registration Fee to:

The Children's School
173 Patchen Road
So. Burlington, VT 05403

Registration Fee: **\$150.00**

Signed _____ Date _____