

The New School Preschool at Jacque's House
Application for Enrollment

Date of Enrollment:	Date wanting care:
Child's Name:	Nickname:
Home Address: City: State: Zip:	
Mom's Name:	Mom's Employer:
Mom's Address if different: City: State: Zip:	Address: City: State: Zip:
Mom's Cell Phone:	Mom's Work Phone: ext:
Mom's Email:	
Mom's Driver's License #:	
Dad's Name:	Dad's Employer:
Dad's Address if different: City: State: Zip	Address: City: State: Zip:
Dad's Cell Phone:	Dad's Work Phone: ext:
Dad's Email:	
Dad's Driver's License #:	
Parents are: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____	
Guardian's Address if different: City: State: Zip:	Guardian's Employer: Address: City: State: Zip:
Guardian's Cell Phone:	Guardian's Work Phone: ext:
Guardian's Email:	
Guardian's Driver's License #:	
Hours: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____	
Times you plan to drop off your child : _____ Times you plan to pick up your child: _____	
Is there anyone besides the child's parents/guardian that will be picking up your child? Yes or No	
If yes, please list:	
Note: All adults picking up your child must be listed on the emergency contact form and carry photo identification. They must also have an approved car seat for transport. If they do not have a car seat they need to let us know and we will provide one.	

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Has your child ever been in child care before? Yes _____ No _____

What type (center, family daycare, family member etc.) _____

Was it a positive experience? Yes _____ No _____ If no, please explain:

Why are you looking for child care?

Will you be giving a two week notice to your current provider? Yes _____ No _____

What are your goals for your child during her/his experience with us?

What is your child's temperament? Are they easy going, hard to please, demanding, etc.:

What are some of your child's favorite activities?

Does your child have any special needs or concerns? Please explain:

Does your child have any food restrictions? If yes, please list:

Are you concerned that your child may be prone to any type of allergies? _____ Describe:

What are your child's napping habits? Do they have a special blanket or "lovie?"

Does your child have any medical conditions we should be made aware of? Please explain:

Do you have a backup care provider? Yes _____ No _____

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Do you have a safety-approved car seat for your child? Yes _____ No _____

If no, would you like to have one provided for you?

Note: All children being transported to The New School Preschool at Jacque's House must have a car seat. It is Kansas Law.

What languages are spoken in the child's home:

Please list all siblings and their ages that are currently living with your child:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please list any other people (relatives, friends, etc.) that are living in the same home with your child:

Are you currently enrolled for public financial assistance? (SRS, etc.) Yes _____ No _____

Do you need information regarding financial assistance for childcare? Yes _____ No _____ -

Please let us know if there is anything else we need to be aware of regarding your child:

All statements made in this application are, to the best of our knowledge, true and factual.

Signed: _____ Date: _____
Parent Signature

Signed: _____ Date: _____
Parent Signature

Signed: _____ Date: _____
Guardian Signature