

SAMMAMISH CHILDREN'S SCHOOL

ENROLLMENT APPLICATION

Rev 4/06 SCS

Child's Name _____
Last First Middle Preferred Name

Birth date ____/____/____ Age ____ Years ____ Months Gender: (circle) Male or Female

Days & time you wish your child to attend: (circle) M T W Th F Approx. hours: from ____ to ____

Starting date _____ Termination date _____

(Circle) Mother Father Guardian (Circle) Mother Father Guardian

Name _____ Name _____

Home Address _____ Home Address _____

Home Telephone _____ Home Telephone _____

Cell Phone Number _____ Cell Phone Number _____

Employer _____ Employer _____

Business Phone Number _____ Business Phone Number _____

Social Security # _____ Social Security # _____

If parents cannot be reached, please identify persons whom we may contact and who may pick up your child (at least one contact is required). Children will not be released to individuals who are not on this list. ID will be required.

Table with 3 columns: NAME OF CONTACT, PHONE NUMBER, RELATIONSHIP TO CHILD. Rows 1-4.

Out of area contact (required for our emergency/disaster plan):

Table with 3 columns: NAME OF CONTACT, PHONE NUMBER, RELATIONSHIP TO CHILD.

How did you hear about us? _____

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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 issues 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 of 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 control method(s) do you frequently use with your child? _____

If there are any special family 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? _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

Are there any food restrictions? _____ If yes, what foods and why, i.e., personal, religious? (For food allergies,

please refer to Health History section.) _____

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

Is your child potty trained? _____ If so, can he/she use the toilet independently? _____

Parental expectation 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 food allergies? If yes, what foods: _____

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 (required by Licensor): _____

Has your child had any of the illnesses 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 had illnesses *other* than above? _____

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

