



Learn 'N' Grow STEM Preschool Admission Application Form

STUDENT INFORMATION:

_____ (Child's last name) _____ (Child's first name) _____ (Called) _____ (Age)

Male: _____ Female: _____ Child's Birth Date: _____

Best Phone #: _____

Home address: _____

Level:

- Infant (6 weeks- 12months)
 Pre-Toddler (12 months - 24 months)
 Toddler (2 years – 3 years)
 Pre-School (3 - 4 years)
 Pre-Kindergarten (4 years – 5 years)

Program:

- Half Day (8:30 am – 12:30 pm)
 Extended Day (7:00 am – 6:30 pm)
 School Day (8:30 am – 3:00 pm)

Term:

- School Year (August 1st to May 31st)
 School Year with Summer Program (August 1st- July 31st)

Estimated Start Date: _____

Payment Frequency:

- Monthly
 Semi-Annual
 Annual

Child's Physical Development:

Birth: _____ Term: _____ Premature: _____ Adopted: _____



Handedness: _____ Right _____ Left _____ Both

Eating Habits: _____ Good _____ Poor

Toilet Trained: _____ Yes _____ No

Sleeping Habits:

_____ Falls asleep easily _____ Falls asleep with difficulty
_____ Difficulty sleeping through night _____ Difficulty waking

How does your child appear in his/her movements?

_____ Coordinated or _____ Uncoordinated

If uncoordinated, please list any specific concerns.

Check all that pertain to your child:

_____ Allergies (Need the emergency action plan signed by doctor)

If yes, please check all that is applicable:

_____ Dietary Restrictions If yes, please explain _____

_____ Daily Medication If yes, please list: _____

_____ Asthma _____ Ear Infections _____ Headaches

_____ Stomach aches _____ Epilepsy _____ Seizures

_____ Convulsions _____ Eye Problems _____ Accident where Unconscious

_____ Other (explain) _____

Does your child have any physical disabilities or developmental disabilities? _____



PREVIOUS SCHOOL EXPERIENCE:

Name of Prior School:
Grade or Level Attended:
Hours of Day Spent in Program:
Address of Prior School/Center:
Dates Attended:
Age When Attended:
Describe your child's adjustment to School:

Does your child have special needs? If so, please share this information so we can better understand and respond to your child.

If you have school records or private professional testing evaluations that might provide insight into your child's needs, please share this information with the Head of School.

Please write a letter to your child's teacher (one from each parent and done separately) about your child. Please include their interests, likes, dislikes, daily routine, and their personalities.



FAMILY INFORMATION:

Child lives with: _____ Both _____ Mother _____ Father

Mother's Name

Mother's Date of Birth

Street Address

City, State, Zip

Employer

Work Phone

Occupation

Cell Phone and Provider

Mother's Email: _____

Father's Name

Father's Date of Birth

Street Address

City, State, Zip

Employer

Work Phone

Occupation

Cell Phone and Provider

Father's Email: _____

Who is responsible for child's tuition payment?

_____ Both _____ Mother _____ Father _____ Other: _____



Siblings Names

Birth Date

School

FAMILY HISTORY:

Has your child been separated from you prior to this time (such as attending school): _____ Yes _____ No

How does he/she relate to siblings? _____

EMERGENCY CONTACT (in case parents/guardian cannot be reached)

1. _____
Emergency Contact's Name Emergency Contact's Phone Relationship to child

Street Address City, State, Zip

2. _____
Emergency Contact's Name Emergency Contact's Phone Relationship to child

Street Address City, State, Zip

3. _____
Emergency Contact's Name Emergency Contact's Phone Relationship to child

Street Address City, State, Zip



____(Initial) I understand that the \$150 annual registration & \$250 supply fee are non-refundable and not transferable.

____ (Initial) I understand that I need to provide a minimum of 4 weeks withdrawal notice.

____ (Initial) I understand that only during the summer break I will receive a credit/ will not be billed for the weeks that the child does not attend school (with prior notification of the vacation days). During the academic year (August through May), no credits will be offered.

Parent Signature

Date

AUTHORIZATIONS: Please circle one answer in each statement.

1. Please select one of the following for permission of photographs, movies, or videotapes of _____, to be used for publicity purposes.

- Yes, for individual & class photos.
- No, for individual but **yes** to class photos/videos.
- No, for individual & class photos.

Parent or Guardian's Signature

Date

2. Permission **is** or **is not** given for, _____, to participate in water activities planned by Learn N Grow STEM Preschool.

Parent or Guardian's Signature

Date

3. Permission **is** or **is not** given for, _____, to be transported on field trips planned by Learn N Grow STEM Preschool.

Parent or Guardian's Signature

Date