

APPLICATION FOR ENROLLMENT

DATE _____

APPLICATION FEE: \$35

PERSONAL DATA

CHILD'S NAME _____ SEX _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

CURRENT AGE _____ YEARS _____ MONTHS

PARENT'S NAME _____

PARENT'S NAME _____

HOME PHONE _____

HOME PHONE _____

WORK PHONE _____

WORK PHONE _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

LIVING SITUATION

WITH WHOM DOES CHILD LIVE? _____

LIST SIBLINGS (NAMES & AGES)

ENROLLMENT

I AM APPLYING FOR (CHECK ALL THAT APPLY):

2011-12 (PREFERRED START DATE: _____)

2012-2013 (school year begins Sept 4th)

I WISH TO ENROLL FOR _____ DAYS PER WEEK.

PLEASE CIRCLE THE HOURS YOU PREFER:

8:30am-1pm

8:30am-2:30pm

PLEASE CIRCLE THE SCHEDULE YOU PREFER

M

T

W

TH

F

IF NOT POSSIBLE, INDICATE ALTERNATIVE DAYS

M

T

W

TH

F

ADDITIONAL SCHEDULING NOTES.

ABOUT YOUR CHILD AND YOUR FAMILY

PLEASE DESCRIBE ANY ALLERGIES YOUR CHILD MAY HAVE. SPECIAL DIET NEEDS?
ANY ONGOING MEDICATIONS OR MEDICAL CONDITIONS?

PLEASE DESCRIBE YOUR CHILD'S DAYCARE HISTORY (i.e. SMALL CENTER, LARGE
CENTER, RELATIVE, NANNY).

PLEASE DESCRIBE WHERE YOUR CHILD IS IN THE TOILET LEARNING PROCESS.

PLEASE DESCRIBE ANY SPECIAL NEEDS YOUR CHLD MAY HAVE THAT YOU'D LIKE US
TO BE AWARE OF.

DOES YOUR CHILD HAVE ANY FRIENDS WHO ARE CURRENTLY ENROLLED OR ARE
APPLYING?

ARE YOU A CURRENT KEHILLA MEMBER OR WILLING TO BECOME ONE? (KEHILLA
MEMBERS RECEIVE A 10% DISCOUNT ON TUITION.)

PLEASE TELL US HOW YOUR FAMILY BRINGS DIVERSITY AND/OR SPECIAL SKILLS THAT
COULD BENEFIT OUR PROGRAM.

HOW DID YOU FIND OUT ABOUT HAPPYTOGETHER?

THANK YOU!

*Please mail completed application to school address. Enclose Application Fee check payable to "happytogether
Preschool".*

FOR OFFICE USE ONLY

DATE RECV'D _____ FEE _____ CHECK # _____ OBSV. DATE _____