



Application/Registration Form

Child's Name: _____ Today's Date: ____/____/____

Birth Date: ____/____/____ Address: _____

City: _____ State: _____ Zip Code _____

Mother's Name: _____ Phone: _____

E-mail: _____

Father's Name: _____ Phone: _____

E-mail: _____

(Please Circle)

Potty Trained: YES / NO

Been in a preschool before: YES / NO

Can Your Child:

1. Feed his/herself? YES NO
2. Dress self (put clothes on and off)? YES NO
3. Separate easily? YES NO
4. Potty trained/can use the toilet independently? YES NO
5. Use words? YES NO
6. Speak in sentences? YES NO
7. Follow 1-2 step directions? YES NO

Have you ever worked with a specialist (e.g., IMUA, DOE, etc)? YES NO

Explain: _____

Does your child have any allergies? YES NO

Explain: _____

Does your child have any special habits (e.g., sucks thumb, has a blankie, uses a pacifier, etc.)? YES NO

Explain: _____