



# Enrollment Application

Registration Fee: _____
Date Received: _____
Check # _____
Amount: _____
<i>Office use only</i>

Child's Name \_\_\_\_\_ Child's Nickname \_\_\_\_\_

Birthday \_\_\_\_\_ Male/Female \_\_\_\_\_

Child's Address \_\_\_\_\_  
Number Street City State Zip

Father (Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Carrier \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Employed by \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Carrier \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email \_\_\_\_\_

Employed by \_\_\_\_\_

Describe any legal custody / visitation stipulations:

\_\_\_\_\_

Do you receive reimbursement for childcare? \_\_\_\_\_

How did you hear about SFMB? \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Other persons living in household (include relationship and age)

\_\_\_\_\_

Does child have a room alone? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Who has cared for child other than parents? \_\_\_\_\_

Has child had group play experiences? \_\_\_\_\_ Where? \_\_\_\_\_

Does child have neighborhood playmates? \_\_\_\_\_ Older or younger than child? \_\_\_\_\_

Word child uses for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

Usual time for B.M. \_\_\_\_\_ Any special toileting information? \_\_\_\_\_

Usual time for meals: Breakfast? \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Any special dietary restrictions? \_\_\_\_\_

What times does child usually:

Go to sleep? \_\_\_\_\_ Awaken \_\_\_\_\_ Does child sleep well? \_\_\_\_\_

Does child have any special fears? \_\_\_\_\_

List past illnesses \_\_\_\_\_

Does child: Run high fevers? \_\_\_\_\_ Vomit easily? \_\_\_\_\_ Have allergies? \_\_\_\_\_

Please list and allergies: \_\_\_\_\_

Requesting enrollment for:

**Mind & Body Babies:** Days: \_\_\_\_\_ Hours: \_\_\_\_\_

**Transition Toddlers:** Days: \_\_\_\_\_ Hours: \_\_\_\_\_

**Terrific Two's:** Days: \_\_\_\_\_ Hours: \_\_\_\_\_

**Preschool Three Year Old:** AM \_\_\_\_ PM \_\_\_\_

**Preschool Four Year Old:** AM \_\_\_\_ PM \_\_\_\_

**Young Fives:** AM \_\_\_\_ PM \_\_\_\_

**Kindergarten:** AM \_\_\_\_

**Blended Learning:** AM \_\_\_\_ PM \_\_\_\_ Full Day \_\_\_\_

**Latchkey** Before School \_\_\_\_ After School \_\_\_\_

**SFMB Tutoring** Day: \_\_\_\_\_ Hrs: \_\_\_\_\_

Day: \_\_\_\_\_ Hours: *(Detail your **child's** schedule below)*

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Special enrollment for: **Summer Explorers** \_\_\_\_\_

Does your family need special scheduling arrangements? \_\_\_\_\_ If yes, specify schedule: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please briefly outline your goals for your child attending SFMB:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_