

THE PRINCIPLED ACADEMY

2305-A Washington Avenue, San Leandro, CA 94577 • Tel: (510) 351-6400

PRESCHOOL APPLICATION

BASIC INFORMATION

Date: _____

Child's Name: _____

Age: _____ Birthdate: _____

(1) Mother's Name: _____

Home Phone: _____

Address: _____

City: _____ Zip: _____

Place of Business: _____

Work Phone: _____

Business Address: _____

(2) Father's Name: _____

Home Phone: _____

Address: _____

City: _____ Zip: _____

Place of Business: _____

Work Phone: _____

Business Address: _____

(3) If the parents cannot be contacted in an EMERGENCY , please contact:

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

(4) If the parent is separated from his or her spouse, please indicate whether or not the other parent has permission to have contact with the child at the center: Yes No

Is a court order in effect? Yes No Is there a copy of the court order on file? Yes No

(5) In addition to the enrolling parent/s, the following people have permission to pick up the child:

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Other Children Living at Home:

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

SOCIAL OR FAMILY HISTORY

Has your child had group play experience? _____

How does child get along with other children? _____

How does child get along with adults? _____

Has your child been in daycare before? _____

How old was the child when first in daycare? _____

Any problems? _____

What type of child care? (check any that apply)

Care in child's home: _____ Family daycare: _____ Child care center: _____

Does your child need help with any of the following? (Check if the answer is yes)

Using the bathroom: _____ Dressing: _____ Washing: _____ Eating: _____ Falling Asleep: _____

Is your child toilet trained? _____ Does your child take a nap? _____

What time does the child take a nap and for how long? _____

Does your child have any special fears? _____

Does your child have any strong likes and dislikes? _____

What type of discipline do you use with your child? _____
