

PARENT-CHILD APPLICATION

please print legibly in ink

PROGRAM

APPLICATION DATE:

PLEASE WRITE IN THE CLASS FOR WHICH YOU ARE APPLYING:

APPLICANT INFORMATION

CHILD'S FIRST NAME:

LAST NAME:

USUALLY CALLED:

WHEN WAS YOUR CHILD BORN? (M/D/Y)

CHILD IS: MALE FEMALE

DOES YOUR CHILD SPEAK ANY FOREIGN LANGUAGES? IF YES, WHICH LANGUAGES?

PARENT INFORMATION

FIRST NAME:

LAST NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

EMAIL:

OCCUPATION:

TITLE:

EMPLOYER:

BUSINESS ADDRESS:

BUSINESS PHONE:

PARENT INFORMATION

FIRST NAME:

LAST NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

EMAIL:

OCCUPATION:

TITLE:

EMPLOYER:

BUSINESS ADDRESS:

BUSINESS PHONE:

ADDITIONAL FAMILY INFORMATION

APPLICANT'S PARENTS ARE NOW: (PLEASE CHECK ALL THAT APPLY)

MARRIED SEPARATED DIVORCED SINGLE PARENT CO-HABITATING WIDOWED

ARE DUPLICATE MAILINGS REQUIRED? (I.E. SCHOOL NOTICES, NEWSLETTERS, ETC.) YES NO OTHER

WITH WHOM DOES THE APPLICANT LIVE? BOTH PARENTS MOTHER FATHER LEGAL GUARDIAN

PLEASE LIST ANY SIBLINGS IN APPLICANT'S FAMILY:

| | | | |
|-------|------|-------|------|
| NAME: | AGE: | NAME: | AGE: |
| NAME: | AGE: | NAME: | AGE: |

DETAILED INFORMATION (PLEASE USE ADDITIONAL SHEET IF NECESSARY)

PLEASE DESCRIBE YOUR CHILD'S DAILY SCHEDULE:

HOW WOULD YOU DESCRIBE YOUR CHILD?

WHY ARE YOU APPLYING TO NEW AMSTERDAM EARLY CHILDHOOD CENTER?

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES OR OTHER MEDICAL ISSUES WE SHOULD BE AWARE OF?

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ACCEPTANCE DATE:

PAYMENT RECEIVED. DATE:

PHOTO RELEASE