

**Application Form􏰀**

Date:\_\_\_\_\_\_\_\_\_\_\_

Child’sName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex:\_\_\_\_\_

Childcare days needed: (please circle)

Monday Tuesday Wednesday Thursday Friday

Indicate drop-off & pick-up times:

M\_\_\_\_\_\_\_\_\_T\_\_\_\_\_\_\_\_\_W\_\_\_\_\_\_\_\_\_Th\_\_\_\_\_\_\_\_\_F\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours at Work:\_\_-\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours at Work:\_\_-\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_

Please list other children in the family: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate family or guardians that are responsible for child AND authorized to pick-up:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation:\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation:\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous childcare experiences? If so, where:

Please indicate any allergies your child has:

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

Illnesses, accidents, & surgery your child has/had:

Physical handicaps:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing loss? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech difficulty?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consents: (do not determine acceptance)

I give permission for my child to participate in all activities at Lilac Sea Nursery at a developmentally appropriate level including, but not limited to outdoor play, canyon hikes, cooking/chopping vegetables, gardening, and swinging. (initial)\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_No

I give permission for my child’s photo to be taken. (initial)\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_No

I give permission for my child’s photo to be used for Lilac Sea Nursery private newsletters/emails. (initial)\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_No

I give permission for my child’s photo to be used for Lilac Sea Nursery promotional purposes, such as websites, social media and brochures. Note: We take special care not to use pictures showing children's faces for promotional purposes. (initial)\_\_\_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_\_No

I give permission for EMERGENCY medical treatment or care, to be used only if I cannot be reached immediately. (initial) \_\_\_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_No

Lilac Sea Nursery Family Questionnaire:

These questions are asked so that your child’s caregiver might have a clearer picture of your child and their home environment in order to determine how best to serve his or her needs. Your child’s admission is not dependent upon the “right” answers, but to help us work together with you to provide the best care for your child.

If there are any special circumstances about which you feel we should be aware in order to better understand your child, please communicate these to us on the bottom or backside of this questionnaire. All information is strictly confidential.

What personality traits do you think are prominent in your child?

What kinds of activities does your child enjoy most?

What activities does your family do together?

Does your child take part in any other lessons, activities or classes on a regular basis? (Please specify)

What cultural, religious or other traditions does your family celebrate?(Lilac Sea Nursery welcomes children of all races, creeds, religions, and ethnic backgrounds.)

Does your child nap? If so, at what time(s) and for how long?

Does your child use a computer or play computer/video games? How often?

Does your child watch T.V. or videos? Which programs?

How often? How long?

How often does your child listen to the radio/pre-recorded music?

Does your child engage in daily outdoor play time?

Does your child have pets?

Does your child have friends that he/she plays with regularly?

When?

How long?

Ages?

Is there a special doll, toy or blanket?

Are there any special nutrition needs or preferences that we should be aware of? *Lilac Sea Nursery is not able to accommodate vegan or vegetarian diets, or restrictions to meat, fish, or eggs. Bringing food from home is not an option.*

What foods does your child like to eat?

Dislike to eat?

Does your child have any fears?

If there is anything else that you feel is pertinent to your child’s biography that has not been covered (i.e. special abilities, physical characteristics, behavioral, medical or emotional concerns, academic strengths and weaknesses, unusual family situation), please note here:

**About our Contract**

Please initial the following statements:

I understand that Lilac Sea Nursery is closed for the month of August and tuition is not due for the month. \_\_\_\_\_\_\_

I understand that the full monthly tuition is due even if there are planned or unplanned absences or vacations. \_\_\_\_\_\_\_

I understand that 30 days notice is required to decrease and to discontinue my child’s participation once enrolled. \_\_\_\_\_\_\_

I understand that a one month’s tuition deposit is due upon my child’s acceptance. The $240 yearly registration and materials fee and the first month’s tuition is due on my child’s first day of attendance. \_\_\_\_\_\_\_

I understand that tuition is due in full on the first of each month.\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_