

Olney Children's Center

17717 Prince Philip Drive, Olney, MD 20832 Phone (301) 924-5919
www.childsplayinc.com

ENROLLMENT APPLICATION

Today's Date: _____

Starting Date: _____

How did you hear about our center? _____

Have you ever attended a Parent University? Yes _____ No _____

Reservation or Registration fee paid? \$ _____ Check # _____ Date _____
\$ _____ Check # _____ Date _____

1. Last Name _____ First Name _____
Nickname _____ Age _____ Sex _____ Birth Date _____

2. Registration Information (Check one)

FULL DAY PRESCHOOL 6:30am-6:30pm Registration \$75.00

Preschool (24 months to 3 yrs) _____ Mon-Fri _____ M/W/F _____ T/TH
Pre Kindergarten (3-5 yrs) _____ Mon-Fri _____ M/W/F _____ T/TH

MORNING ENRICHMENT

Ages 3 - 4 yrs 9:30am - 11:45am _____ Mon-Fri _____ M/W/F _____ T/TH
9:30am - 1:30pm _____ Mon-Fri _____ M/W/F _____ T/TH
Ages 4 - 5 yrs 9:30am - 1:30pm _____ Mon-Fri _____ M/W/F _____ T/TH

BEFORE & AFTER SCHOOL PROGRAM

Kindergarten _____ Mon-Fri _____ M/W/F _____ T/TH
B&A 1st - 3rd _____ Mon-Fri _____ M/W/F _____ T/TH
Elementary School Attending _____
Grade _____ School Phone Number _____

3. Mother's Name (or guardian) _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Email _____ Cell Phone _____

4. Employer _____
Position _____ Work Phone _____

5. Father's Name (or guardian) _____
Address _____
Home Phone _____ Email _____ Cell Phone _____

6. Employer _____
Position _____ Work Phone _____

7. Does the child live with both parents? _____

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8. If NO, list percents of time with each _____

9. List all child's previous daycares or preschools:

1 _____ 2 _____
3 _____ 4 _____

10. Has your child ever been asked to leave another preschool program or child care center?

_____ If YES, please why _____

11. Is your child toilet trained? _____

Does your child wear diapers at night? _____

12. Does your child have any special physical conditions such as allergies, hearing loss, speech delay, etc.

13. What do you do in discipline situations with your child?

14. Does your child nap regularly? _____ On weekends? _____

15. Are there any potentially difficult adjustments that your child has had so far (deaths, hospitalizations, illness in the family, separation/divorces)

16. Is there anything else you would like to share with us about your child that will help us better understand him or her?

17. What are your goals for your child?

18. What do you look for in a preschool environment to be sure your child is in a high quality Program?

Parent's Signature

Date

Director's Signature

Date