



# Enrollment Application

Desired Location:	The Avenues Preschool 410 Third Ave SLC, UT 84103	The Second Avenues Preschool 91 R St. SLC, UT 84103	The Eastside Preschool 1650 E 3300 S SLC, UT 84106	The Cottonwood Preschool 2890 Cottonwood PKWY SLC, UT 84121
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***AIRBORNE ALLERGY ALERT:*** Please be advised that our programs support parents providing personal food to their children while in our care. Because we cannot know the ingredients of homemade foods we cannot ensure that food items are free of a certain product. This does not prevent us from accommodating children with consumable food allergies. If you have any questions please all and speak to a director.

Child's Full Name:		Age:	D.O.B
Nickname, if any:		Sibling:	Age:
		Sibling:	Age:
Desired Start Date:	Desired Schedule: <input type="checkbox"/> Full Time <input type="checkbox"/> M-TH <input type="checkbox"/> MWF <input type="checkbox"/> Other. If available		

All tuition is due monthly by the 1<sup>st</sup> and is payable through our online payment system hosted by our website.

Full Name of Parents/Guardians:					
Parent 1:			Parent 2:		
Address:			Address:		
City:	ST:	ZIP:	City:	ST:	ZIP:
Employer:			Employer:		
Occupation:			Occupation:		
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Cell Phone:			Cell Phone:		
Email:			Email:		

Please describe your family situation (e.g. married, divorced, single parent, joint custody, etc.) so that we may fully meet the needs of your child. (Note: CTI does not discriminate based on family type, orientation, race, culture, or religion)

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Are both parents supportive of the child attending our preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever been cared for by anyone other than parents? Please describe the situation:


What was/is your reason for leaving?

Has your child ever been disenrolled from a program? If yes, please explain the situation, including class size and ratio:

Does your child nap <b>for a minimum of 1 hour per day?</b> (children under 5) <input type="checkbox"/> Yes <input type="checkbox"/> No	
For children 18 months and older, we are required by licensing and accreditation standards to provide a peaceful environment for nap time. Are you prepared to work with the center to get your child on the same nap schedule as the class, even if this means changing bed times at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If under 2 years of age, what is the child's current napping schedule?	
If your child is 3 or older, is he/she fully toilet trained (no pull-ups during the day, can verbalize the need to use the bathroom, can wipe themselves, has fewer than 3 accidents per month during waking hours) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your child's temperament (e.g. shy, outgoing, strong willed, easy going, etc)	
What are some of your child's favorite activities?	
What are some of your families favorite activities?	
What benefits would you like your child to receive from attending our program?	
Do you have any worries or concerns reagrding your child attending the center?	
Is there any other information about your child that would be helpful for staff to know in order to take better care of your child?	
Are there any special considerations (custody issues, behavioral concerns, severe allergies, etc.) that we should be aware of? Please describe in detail:	
Parent's Signature: _____ Date: ___/___/___	
After completing this form please change the name of the document to your child's name, save it as an attachment and email it to <a href="mailto:Ronnie@childtimeinc.com">Ronnie@childtimeinc.com</a>	
There is a \$75 registration fee that must accompany this application. It can be paid via our website after we enter in your account information.	

-School Use Only-			
Opening available?		Placed on Waiting List?	
Parent Interview Scheduled for:	Date:	Time:	
Proposed Start date?		App Fee Pd:	
Director's Signature:		Notes:	