

Application for Enrollment

Child's Name _____ Date of Birth _____
Child's Birth/Current Gender _____ Preferred Pronouns for Child _____
Sibling also applying for enrollment (if applicable) _____
Proposed Date of Entrance _____

I am applying for:

Full Days (8:30a.m. – 3:30p.m.) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri
Half Days (8:30a.m. – 12:15p.m.) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

If part-time, are the days you selected:

_____ Fixed (cannot have days of the week other than those selected)
_____ Preference (days of the week can change if needed but prefer those selected)

Are you applying for a spot with financial aid? _____ No _____ Yes

Family Information

Parent/Guardian 1:

Name _____
Pronouns _____
Address _____

Phone _____
Employer _____
Position _____
Email Address _____

Parent/Guardian 2:

Name _____
Pronouns _____
Address _____

Phone _____
Employer _____
Position _____
Email Address _____

Language(s) spoken at home: _____

Child lives with (please check all primary caregivers and partners that apply):

_____ Parent/Guardian 1 _____ Parent/Guardian 2 _____ Partner _____ Stepmother _____ Stepfather
_____ Grandparent 1 _____ Grandparent 2 _____ Additional Guardians
_____ Parents separated _____ Parents divorced _____ Mother deceased _____ Father deceased

Specific custody arrangements, if any: _____

If two households, mailings should be sent to: _____ Parent/Guardian 1 _____ Parent/Guardian 2

Please list the names and ages of other members of the household(s) (use extra paper if needed):

Name _____	Date of Birth _____	Relationship to child _____
Name _____	Date of Birth _____	Relationship to child _____
Name _____	Date of Birth _____	Relationship to child _____

Pets _____

Child's Information

Has your child been toilet learned?

☐ yes

☐ no

Comments:

Please describe your child's experience outside the home (babysitter, playgroup, playmates, grandparents, etc.): _____

How often does your child watch TV or videos? Use the computer/tablet/iPad? _____

Are there special considerations you have for your child of which we should be aware? (extraordinary events; medical, movement, behavioral, or emotional concerns) _____

Is your child taking any regularly scheduled medications? Please specify (send records where applicable) _____

Has your child ever had any sensory, movement, or REACH evaluations or any emotional or psychological testing?

☐ yes

☐ no

If yes, please describe and attach copies of the report.

Does your child have any allergies? _____

Comments: Is there anything else you would like us to know about your child? (Please use additional paper if necessary)

Please tell us how you heard of our program:

☐ Word of mouth ☐ Newspaper article ☐ Hilltown Families ☐ EEC Website

☐ Facebook ☐ Website ☐ Flyer ☐ Google search ☐ Amherst parents group

☐ Other (please explain) _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 1 Signature _____ Date _____

*The Maple Hill Play Garden seeks to promote and embrace diversity in its family and student body.
We do not discriminate on the basis of race, color, religion, sexual orientation, or national origin in our admissions or educational policies.*