



Enrollment Application

Registration Fee: _____
Date Received: _____
Check # _____
Amount: _____
<i>Office use only</i>

Child's Name _____ Child's Nickname _____

Birthday _____ Male/Female _____

Child's Address _____
Number Street City State Zip

Father (Guardian) _____ Home Phone _____ Cell # _____

Driver's License # _____

Employed by _____

Mother (Guardian) _____ Home Phone _____ Cell # _____

Driver's License # _____

Employed by _____

Describe any legal custody / visitation stipulations:

Do you receive reimbursement for childcare? _____

How did you hear about SFMB? _____

Siblings: Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Other persons living in household (include relationship and age)

Does child have a room alone? _____ If not, with whom? _____

Who has cared for child other than parents? _____

Has child had group play experiences? _____ Where? _____

Does child have neighborhood playmates? _____ Older or younger than child? _____

Word child uses for urination? _____ Bowel movement? _____

Usual time for B.M. _____ Any special toileting information? _____

Usual time for meals: Breakfast? _____ Lunch _____ Dinner _____

Any special dietary restrictions? _____

What times does child usually:

Go to sleep? _____ Awaken _____ Does child sleep well? _____

Does child have any special fears? _____

List past illnesses _____

Does child: Run high fevers? _____ Vomit easily? _____ Have allergies? _____

Please list and allergies: _____

Requesting enrollment for:

Mind & Body Babies: Days: _____ **Hours:** _____

**Please note 6 hrs. is the minimum enrollment amount per week for*

Transition Toddlers & Terrific Two's Programs.

Transition Toddlers: Days: _____ **Hours:** _____

Terrific Two's: Days: _____ **Hours:** _____

Preschool Three Year Old: AM _____ **PM** _____

Preschool Four Year Old: AM _____ **PM** _____

Young Fives: AM _____ **PM** _____

Kindergarten: AM _____

Blended Learning: AM _____ **PM** _____ **Full Day** _____

Latchkey Before School _____ **After School** _____

SFMB Tutoring Day: _____ **Hrs:** _____

SNEL Program: O.T. _____ **Speech** _____ **Preschool** _____

Day: _____ Hours: *(Detail your schedule below)*

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Special enrollment for: **Summer Explorers** _____

Does your family need special scheduling arrangements? _____ If yes, specify

schedule: _____

Please briefly outline your goals for your child attending SFMB:
