A&K EARLY LEARNING CENTER LLC

♥ Where Little Minds Grow Big Dreams ♥

For Office Use Only

Start Date: _____

Cash / Check #: _____

Amount: _____

APPLICATION FOR ADMISSION

CHILD INFORMATION

Name of Child: _____ (FIRST / MIDDLE / LAST)

Today's Date: ____ / ____ / ____ (MM / DD / YYYY)

Date of Birth: ____ / ____ / ____ (MM / DD / YYYY)

Age: _____

Sex: ☐ Male ☐ Female

Home Phone: _____

Street Address: _____ Apt: _____ City: _____ State: _____ Zip Code: _____

PARENTS / GUARDIANS INFORMATION

FATHER / GUARDIAN	MOTHER / GUARDIAN
Last Name:	Last Name:
First Name:	First Name:
Occupation:	Occupation:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-Mail: ☐ Gmail ☐ Yahoo ☐ iCloud ☐ Other	E-Mail: ☐ Gmail ☐ Yahoo ☐ iCloud ☐ Other

EMERGENCY CONTACTS

Contact Name #1:	Contact Name #2:
Relationship:	Relationship:
Cell Phone:	Cell Phone:
Name of Pediatrician:	Phone Number:
Address:	

PARGRAMS

☐ **6 weeks to 12 months**
☐ 5 days ☐ 4 days ☐ 3 days ☐ 2 days

☐ **12 months – 2 1/2 years**
☐ 5 days ☐ 4 days ☐ 3 days ☐ 2 days

☐ **2 1/2 years to 6 years**
☐ 5 days ☐ 4 days ☐ 3 days ☐ 2 days

Kindergarten – 5th Grade

☐ Aftercare only

☐ Before and Aftercare

IMPORTANT QUESTIONS

Are there any legal custody restrictions for your children?

☐ Yes ☐ No

If yes, please explain: _____

List previous school experience(s) your child has had.

_____

If your child has had previous school experience, what is your reason for this change?

_____

SIBLINGS & INFORMATION

Please list the names of your child's siblings:

1. _____ Age: ____ Sex: ____ School: _____
2. _____ Age: ____ Sex: ____ School: _____

What are your immediate goals for your child? _____

What are your long-term goals for your child? _____

What would you like us to know about your child (temperament, learning, style, separation, and care other than parents)?

_____

I fully understand that my deposit at A&K Early Learning Center LLC will be held until the last month of my child's attendance. I will need to give a 30 day notice prior in writing in order for my deposit to be applied for the final month; if for any reason I choose to withdraw my child without a 30 notice, I would forfeit my deposit.

Parent Signature: _____ Date: _____

HOW DID YOU HEAR ABOUT US?

☐ Friend / Name Former Student: _____
☐ Website: _____
☐ Search Engine: _____
☐ Other (specify): _____

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Speaks Spanish and English • Accepts Child Care Assistance