Polka Dot Preschool Application for Enrollment Form

Child's Surname:	Child's Given Names:
Name of Parent for Registered Tax R	Receipt:
Name Child is know by:	
Child's Birth Date (d/m/yr)	Sex: Male□ Female □
	<u>NOTE</u>
	st be completed and submitted with the
Registration Fee	and 2 Weeks Security Deposit.
Address:	
	Postal Code:
Home Telephone:	
	Child's: (Name)
<u>FA</u>	MILY BACKGROUND
<u>Father</u>	<u>Mother</u>
Name:	
Occupation:	
Employer:	
Address:	
Work Hours:	
Email:	

Marital Status:	Married ☐	Widowed□	Divorced □	Separated □	Single□
Parent(s) Living	g at Home:	Both□	Father□	Mother⊡	
Hours of Child	Care Requir	red:	am to	pm	
Please provide child:	any addition	nal informatio	n which will be	helpful to us in c	aring for your
Particular dislik	kes – Food				
Fears:					
Special terms f	or: washroo	om, foods, rela	ntives, etc.		
Does your child	d have a favo	ourite toy or p	et?		
Form of discipl	ine used at	home:			
Major traumas:					
Is your child cu Speech/Langua			-	e. Early Interventi	on Services,
Additional info	rmation:				

_	must be completed for o		family, a separate enrollment Relationship
Other Children in	4h a Hamai		
Other Children in			
Name	Age Sex		Relationship
Child's Escorts (Other than Pare)	nts)		Telephone
Child's Doctor: _		_ Telephone:	
Address:			
In Case Of Emerg	gency, If Parent is Unava order of priority)	ailable, Contact:	
Name:		Telephone:	
Name:		Telephone:	
Namai		Tolombono	

How did you hear a	about Polka Dot Pre	eschool?	
Yellow Pages□	Signage□	Website□	Friend/Relative□
			nation provided for this all the policies of Polka Dot
		Signature: _	
		or Office Hee Only	
	FC	or Office Use Only	
Date of Admission	i		
Date of Withdrawa	l:		
Reason:			
Further Comments	(following intervie	w)	