

A Child's Garden LLC

Date.....

Application for Enrollment

Amount paid.....

2009/2010 School Year

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Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Nickname \_\_\_\_\_ Birthplace \_\_\_\_\_

Before care and After care available. Snack provided, child brings their own lunch.

### Program applied for:

Daisies Toddler program (walking - 2.5): 2,3,4 or 5 days? \_\_\_\_\_

Sweet Pea's Preschool (2.5-3.5 yr old): 2,3,4 or 5 days? \_\_\_\_\_

Apple Blossom Preschool ( 3 - 4 yr old ): 3, 4 or 5 day? \_\_\_\_\_

Red Robin Prekindergarten ( 4 - 5 yr old ): 3, 4 or 5 days? \_\_\_\_\_

Blue Jay Kindergarten ( 4.5 - 6 yr old ): 4 or 5 days ? \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Days of the week requested: ( circle ) Mon, Tue, Wed, Thur, Fri

### Before and After care Applied for:

7:45 am - 9 am? \_\_\_\_\_ Full - time? \_\_\_\_\_

1 pm - 5:45 pm? \_\_\_\_\_ Part-time (days/times) \_\_\_\_\_

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Information about the Family

Parent's name _____ Home Phone _____

Home Address _____ Cell Phone _____

_____ Zip _____ Business Phone _____

Place of Work _____ Occupation _____

Parent's name _____ Home Phone _____

Home Address _____ Cell Phone _____

_____ Zip _____ Business Phone _____

Place of Work _____ Occupation _____

E-mail addresses _____

Sister's and Brother's (names and ages) _____

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**Emergency Information**

Emergency contact persons ( in case the parents cannot be reached )

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Location: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Any Known Allergies to medication? \_\_\_\_\_

\_\_\_\_\_

**Information About the Child**

Previous group experience? \_\_\_\_\_

Interests and/or talents \_\_\_\_\_

Hours of TV viewed, including video's daily \_\_\_\_\_ weekends \_\_\_\_\_

What do you consider to be your child's strongest aptitudes and traits of character? \_\_\_\_\_

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Other Information

List people whom child may be released on a regular basis:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

How did you hear about A Child's Garden? _____

What have you read or heard about Waldorf Education? _____

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**Medical Information**

General Health (describe) \_\_\_\_\_

Does child have any known allergies or food sensitivities? \_\_\_\_\_

Does child have any physical challenges or abnormal conditions? \_\_\_\_\_

Please list major illnesses, childhood diseases, accidents, etc. \_\_\_\_\_

Current medication \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

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TO REGISTER: Please fill out this form completely and submit with registration fee of \$75.00 to : A Child's Garden LLC

2150 NE Studio Rd, A1
Bend OR 97701

FOR MORE INFORMATION OR TO VISIT THE SCHOOL -

Please call (541)390-7386 or visit our web site at - www.achildsgardenbend.com

A Child's Garden admits students
of any race, creed, physical handicap, national or ethnic origin.