

# 2020-2021 Registration Form



Child's Full Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
(first) (middle) (last)

Name by which child likes to be called: \_\_\_\_\_ (OPTIONAL) Race: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of Sept. 1, 2020: \_\_\_ Yrs. \_\_\_ Mos.

Parent \_\_\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please select your choices for enrollment below. You may choose a five-day program (M-F), a three-day program (M/W/F), or a two-day program (T/TH). You may choose Morning or Full Day within these programs.

**MORNING PROGRAM** in which you are enrolling your child:

[ ] 8:00 – 11:45 [ ] Monday [ ] Tuesday [ ] Wednesday  
[ ] Thursday [ ] Friday

**FULL DAY PROGRAM** in which you are enrolling your child:

[ ] 8:00 – 5:30 [ ] Monday [ ] Tuesday [ ] Wednesday  
[ ] Thursday [ ] Friday

**EARLY MORNING DROP-OFF OPTIONS** (must opt in for full school year)

- 2 mornings
- 3 mornings
- 5 mornings

Please list the names and ages of siblings:

\_\_\_\_\_ (Please put an \* by the child's name if they also attended The Children's School)

Please list your child's previous childcare and/or preschool experience:

Location/School \_\_\_\_\_ Date(s) Attended \_\_\_\_\_

What features about The Children's School have prompted you to apply for our program?  
(Teachers, facility, philosophy, friend's recommendation, etc.)

Please describe specific aspects of previous preschool/childcare experiences that you liked or disliked:

Please feel free to offer any comments or information about your child that you feel the teachers would find helpful. (i.e., play habits, likes, fears, interests, dislikes, etc.)

Please indicate the benefits that you expect your child to derive from The Children's School in the coming year.

Please return this form with your **NON REFUNDABLE** Registration Fee to:

The Children's School  
173 Patchen Road  
So. Burlington, VT 05403

Registration Fee: **\$85.00** Returning families  
**\$150.00** New Families

Signed \_\_\_\_\_ Date \_\_\_\_\_