

2023-2024 REGISTRATION FORM



Child's Full Name \_\_\_\_\_  
(first) (middle) (last)

Child's preferred pronouns: \_\_\_\_\_

Name by which child likes to be called: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of Sept. 1, 2023: \_\_\_ Yrs. \_\_\_ Mos.

Race/Ethnicity (Optional - this information is used for aggregate statistical reporting):

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (select all that apply):  American Indian or Alaska Native  Asian  White  
 Black or African American  Native Hawaiian/Pacific Islander

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

|                     |                     |
|---------------------|---------------------|
| 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 _____ |

Please select your choices for enrollment below.

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

[ ] 8:00 – 1:00 [ ] Monday [ ] Tuesday [ ] Wednesday  
[ ] Thursday [ ] Friday

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

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

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 \_\_\_\_\_

How did you hear about The Children's School?

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: **\$100.00** Returning families  
**\$150.00** New Families

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