



## New Student Application Form 2020-2021

Application Date: \_\_\_\_\_

|                                   |  |                    |  |
|-----------------------------------|--|--------------------|--|
| <b>Child's Name:</b>              |  | <b>Birth Date:</b> |  |
| <b>Child's Nickname</b>           |  |                    |  |
| <b>Physical Address: (Street)</b> |  |                    |  |
| <b>City, State, Zip</b>           |  |                    |  |

|                                                                                 |                                                                                 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>Parent 1/Guardian Name:</b><br>(To be called first for an emergency)         | <b>Parent 2 /Guardian Name:</b>                                                 |
| <b>Mailing Address:</b> <input type="checkbox"/> Same as Physical Address Above | <b>Mailing Address:</b> <input type="checkbox"/> Same as Physical Address Above |
| <b>Home Phone:</b>                                                              | <b>Home Phone:</b>                                                              |
| <b>Cell Phone:</b>                                                              | <b>Cell Phone:</b>                                                              |
| <b>Email:</b>                                                                   | <b>Email:</b>                                                                   |
| <b>Employed at:</b>                                                             | <b>Employed at:</b>                                                             |
| <b>Work Phone:</b>                                                              | <b>Work Phone:</b>                                                              |
| <b>Best way to contact you?<br/>(text, phone, email...)</b>                     | <b>Best way to contact you?<br/>(text, phone, email...)</b>                     |
| <b>During the day:</b>                                                          | <b>During the day:</b>                                                          |
| <b>During the evening:</b>                                                      | <b>During the evening:</b>                                                      |

**Child's Primary Residence (if not with both Parent/Guardians):**

SRMS does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all members of our staff, students, families, volunteers, and vendors.

| <b>MEDICAL INFORMATION</b>  |                         |
|-----------------------------|-------------------------|
| <b>Child's Doctor:</b>      | <b>Child's Dentist:</b> |
| <b>Phone:</b>               | <b>Phone:</b>           |
| <b>Hospital Preference:</b> |                         |

| <b>Names and ages of other children living at home:</b> |           |             |           |           |             |
|---------------------------------------------------------|-----------|-------------|-----------|-----------|-------------|
| <b>1.</b>                                               | <b>--</b> | <b>yrs.</b> | <b>3.</b> | <b>--</b> | <b>yrs.</b> |
| <b>2.</b>                                               | <b>--</b> | <b>yrs.</b> | <b>4.</b> | <b>--</b> | <b>yrs.</b> |

| <b>Please provide us with some information about your child:</b>                                                                         |                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| <b>Does your child have allergies? (If so, please list):</b>                                                                             |                       |  |
| <b>Please list any special dietary requirements? (If so, please list):</b>                                                               |                       |  |
| <b>Does your child have a current medical condition? (If yes, please describe):</b>                                                      |                       |  |
| <b>Please list any daily medications:</b>                                                                                                |                       |  |
| <b>Please list any special family situations that will help us to know your child (ex. New baby, divorce, death in the family, etc.)</b> |                       |  |
| <b>Is your child a foster and/or adopted foster child?</b>                                                                               |                       |  |
| <b>Please list previous childcare/daycare/preschools:</b>                                                                                |                       |  |
| <b>How did you hear about our program?</b>                                                                                               |                       |  |
| <b>May we contact previous childcare/daycare/ preschool?</b>                                                                             | <b>Program Phone:</b> |  |

**How does your child handle separation from parents/caregivers?**

**Has anyone had any concerns about your child's behavior? If yes, please explain:**

**Has anyone had any concerns about your child's physical or emotional development? If yes, please explain:**

**If your family is working with any state or local agencies for services or support, please list here with contact information. (We will not contact outside agencies without your written permission):**

**Please list activities or things your child especially likes:**

**Please list activities or things your child dislikes (dogs, storms, etc.):**

**Please describe how your child displays anger:**

**Please describe how your child displays fear:**

**Any security items? (blanket, stuffed animal, etc):**

**Has your child ever had a negative experience in a childcare setting? If so, please explain:**



## PROGRAM PREFERENCES

| STUDENT INFORMATION |  |               |  |
|---------------------|--|---------------|--|
| Child's Name        |  | Date of Birth |  |

Please indicate your program preference by placing a "1" in the PREFERENCE column next to your first choice. Place, a "2" next to your second choice and so forth. Place an "X" next to any programs you **cannot** accept.

| PREFERENCE | HALF DAY PRESCHOOL Program<br>(8:30 AM to 11:30 AM; five mornings) |   |   |    |   | Tuition (after<br>\$3,445 VT Pre-K<br>Funds deducted) |
|------------|--------------------------------------------------------------------|---|---|----|---|-------------------------------------------------------|
|            | M                                                                  | T | W | Th | F | \$3,360<br>(5 mornings)                               |

| PREFERENCE | FULL DAY PRESCHOOL Program<br>(8:30 AM to 2:50 PM; three options) |   |   |    |   | Tuition (after<br>\$3,445 VT Pre-K<br>Funds deducted) |
|------------|-------------------------------------------------------------------|---|---|----|---|-------------------------------------------------------|
|            | M                                                                 | T | W | Th | F | \$7,720 (5 days)                                      |
|            |                                                                   | T | W | Th | F | \$5,540 (4 days)                                      |
|            |                                                                   | T | W | Th |   | \$3,360 (3 days)                                      |

Please circle the **Before Care** option below that you prefer.

| BEFORE CARE Program<br>(8:00 AM to 8:30 AM at a cost of \$10/day) |   |   |   |    |   |            |
|-------------------------------------------------------------------|---|---|---|----|---|------------|
| Occasionally                                                      | M | T | W | Th | F | Not needed |

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
 : \_\_\_\_\_  
**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
 : \_\_\_\_\_