



Application For Enrollment

DATE OF APPLICATION _____, 20____ DESIRED STARTING DATE _____, 20____

PARENT/GUARDIAN FIRST AND LAST NAME _____

NAME OF CHILD _____ NATIVE SPANISH SPEAKER (circle one) YES NO

DATE OF BIRTH _____ AGE _____ GENDER _____ NICKNAME _____

HOME ADDRESS _____ ZIP _____

PHONE (home) _____ PHONE (work) _____

PHONE (cell) _____ E-MAIL _____

ENROLLMENT REQUEST (please circle all that apply)

I would like my child to attend:

The days I would like my child to attend are:

* Full time (8am-5pm) Part time (8am-12:30pm) Monday Tuesday Wednesday Thursday Friday

* Children may be picked up any time after 3:00pm if full time enrollment is chosen.

Please indicate and describe any flexibility you have in your schedule. Flexibility provides a greater likelihood that your enrollment request can be met.

DAILY ROUTINE

Wake up time _____ Nap time (include duration) _____ Bed time _____

Do you or your child experience any of the following (Circle all that apply):

Bed time battles (one more hug, I'm hungry etc...) Waking up consistently during the night Waking up extra early (4:30-5:30am)

If you circled any of the above, please describe your experience in more detail:

If your child no longer naps, at what age did they give up naps? _____

Tuition and Enrollment

PARENT QUESTIONNAIRE

1. Is your child potty trained? If not, please tell us where he/she is in the process. _____

2. Has your child had prior exposure to Spanish? If so, please tell us more. _____

3. Would your child sit for 5-10 minutes to participate in a project and/or circle time in Spanish? Yes _____ No _____

4. We have daily nap time at 12:45pm. Please put a check next to the scenario that would closest match yours.

My child would nap _____ My child would sit quietly on a nap mat and read books _____

My child does not nap, therefore would not participate in quiet/rest time _____

5. Are there any limitations which would prohibit your child from fully participating in an active, educationally structured Spanish Immersion program? (speech/language struggles, behavioral/emotional challenges etc...)

6. What is the most important thing you are searching for in a new environment for you child?

7. How did you hear about Aprende con Amigos—Preschool Academy? _____

8. Is there anything else you would like us to know? _____

At Aprende con Amigos our Mission is to provide a fun, happy, nurturing, and safe environment for all of our children while they develop their second language and grow in their social, emotional, cognitive, and gross motor skills. We work in partnership with our parents to ensure both parent and facility goals are met. This enrollment application allows us to begin to understand your child and the goals you have for them. By signing below, you are stating that you have answered all questions truthfully.

Any false or misleading information provided to Aprende con Amigos which fails to identify known serious discipline or behavioral issues in your child is grounds for immediate termination of your enrollment agreement and contract. No refund of fees or tuition will be provided.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Office Use Only

Date form turned in _____ Contacted regarding vacancy _____ Response _____