



APPLICATION HALF DAYS AND DROP-IN FALL 2022

Child's Name: _____ Nickname: _____

Birth date: _____ / _____ / _____ Gender: Male / Female

Home Address: _____

City & Zip: _____

Home Phone: (____) _____ Preferred daytime #: _____

First Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Second Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Children must be 2 years old by the start date. All children must be registered and medical form submitted in order to attend. Please check your preferred schedule.

Monthly Schedule	5 days/wk	3 days/wk	2 days/wk
9am – 12noon	____ 975/month	____ 687.50/month	____ 540/month

Drop In Schedule

9am – 12noon	____ 65/day
9am – 3pm	____ 130/day
3pm - 6pm	____ 65/day

This application must be accompanied by a non-refundable \$35 registration fee (the fee can be electronically invoiced and paid online). Credit card payments will incur a 3% processing fee.

FOR OFFICE USE: RECEIVED ON ____/____/20____

Child's Name _____DOB_____Gender_____

Please help us get to know your child by answering the following questions:

If child does not live with both parents, please describe family situation

List any siblings, their ages and where they attend school. Previous KC student?

List any languages other than English that your child speaks.

Briefly describe your child's personality and temperament.

Briefly describe your child's previous school experiences/organized/group activities.

Is your child able to separate from you comfortably? How have you supported your child with transitions/separations in the past?

Child's Name _____ DOB _____ Gender _____

What are some of your child's interests?

How does your child play/work with others? (leader, follower, makes friends easily, etc.)
Is there anything else you would like to share that would help us know your child?

Is your child receiving any special services? (e.g. speech, SEIT, occupational therapy)
Any special medical needs or allergies?

What are your hopes/expectations for your child's experience at Kids' Canvas?