

Ivy School House After School Program
Application

Name of Father _____
Home Address _____
Home Phone _____
Occupation _____
Position or Title _____
Business Address _____
Business Phone _____
E mail Address _____

Name of Mother _____
Home Address _____
Home Phone _____
Occupation _____
Position or Title _____
Business Address _____
Business Phone _____
E mail Address _____

How did you first learn of Ivy School House Preschool?

Other Children: Name	Age	School Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

We are excited to learn about your child! Please fill out the below information.

You child's name: _____

Age: _____

Current School (if applicable): _____

What are his/her favorite pastime activities? _____

What are his/her favorite books? _____

What is his/her favorite subject in school? _____

What areas of concern, if any, do you have in your child's academic progress? _____

Does your child have any experience with other languages? If yes, in what capacity? _____

Does your child have any allergies (seasonal, food, etc)? Please be specific. _____

Who will be responsible for dropping off and picking up your child?

What other adults have permission to drop-off or pick-up your child?

Name: _____

Relationship to family: _____

Parent Signature: _____ date: _____

Please initial next to the following statement:

Ivy School House aims to provide the safest possible environment for our children. As a parent of a child at Ivy School House After School Program, I agree to contact the School should a change in pick-up or drop-off occur. This includes absence due to illness or traveling.

Signature: _____ date: _____