

Registration pg. 1

To register your child in the Waitpool, return this form along with a non-refundable fee of \$75. You will be contacted regarding availability once we have determined which classroom is the best fit for your child (please see page 2). Registrations are processed in the order in which they are received.



Child's Full Name: _____

Gender/Pronouns: _____

DOB or Due Date: _____

Family Information:

Parent/Guardian _____

Parent/Guardian _____

Address _____

Address _____

Email _____

Email _____

Phone _____

Phone _____

Place of employment _____

Place of employment _____

Program and Schedule Preferences:

Infant [6 weeks-18 months] _____

Young Toddler [1 and 2-year-olds] _____

Older Toddler [2 and 3-year-olds] _____

Preschool [3, 4, and 5-year-olds] _____

5-Day Program _____

4-Day Program _____

3-Day Program _____

2-Day Program _____

Preferred Schedule [please circle]: M T W TH F

Start Date: 1st Preference _____

2nd Preference _____

Other schedule info: _____

Parent/Guardian Signature _____

For Center Use ONLY

Tour Sheet Attached _____ Date Reg Rec'd _____ TE Check# _____ Receipt sent _____ Procure _____

NOTES:

Registration pg. 2

As part of our registration process, we must determine which of our classrooms is the best fit for your child. Please return this form so that we can find the most appropriate placement and availability before moving forward to the next step.



Child's Name: _____ **Date Of Birth:** _____

Person completing form: _____ **Relationship to child:** _____

1. Does your child have previous experience in a classroom or group setting? Yes No N/A
 - a. At what developmental stage were they enrolled (infant, toddler, preschool?) _____
 - b. What was the teacher to child ratio of their classroom? _____
 - c. How did you feel about their experience? Were there things you liked/disliked?

 - d. If your child has not been in a group care setting, please describe any other care experiences (babysitter, family care, other social experiences) _____

2. Has your child ever been evaluated for physical, behavioral, or developmental needs? Please describe.

 - a. Can you provide documentation such as an IEP or IFSP? Yes No N/A
 - b. Can you provide or sign a release for communication with your service providers or other health care professionals? Yes No N/A

3. Does your child have any medical conditions or allergies which require follow-up or medication? Please describe.

 - a. Will medication or treatments need to be given at school? Yes No N/A
 - b. Can you provide documentation such as prescriptions or instructions? Yes No N/A

4. Please describe your child's current toilet learning stage by checking all that apply.
 - a. Diapers only _____
 - b. Pullups _____
 - c. Underwear _____
 - d. Needs assistance _____
 - d. Uses toilet independently _____
 - e. Dresses independently _____

5. Please describe your child's current feeding stage by checking all that apply.
 - a. Drinks from bottle _____
 - b. Drinks from cup _____
 - c. Feeds self with hands _____
 - d. Feeds self with utensils _____

6. Please describe ways in which your child prefers to be comforted. Check all that apply and add others that may not be included.
 - a. Pacifier _____
 - b. Comfort item (blanket, toy, book, object) _____
 - c. Physical support/hug _____
 - b. Other: _____

7. What are some of your hopes for your child's experience here at Learning Brooke?

8. Is there anything else you feel is important to share with us about your child? (Likes, dislikes, strengths, fears, preferred activities?)

