

Great Beginnings For little Kids, INC.
23515 Newhall Ave
Newhall, CA 91321

Application for Admission

Child's Name: _____ Birth Date: _____
Last Name First Name (or expected due date)

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Last Name First Name (or expected due date)

Prefers to be called: _____ Tour Date: _____

Home Address: _____ Phone : (____) _____

City: _____ Zip Code: _____

Please circle schedule desired: 5 full day program 5 half-day program Part time: M T W TH F

Date of desired admission: _____

Parent/Guardian Full Name: _____

Best Daytime Number: _____ Email Address: _____

Parent's Occupation: _____ Employer: _____

Parent/Guardian Full Name: _____

Best Daytime Number: _____ Email Address: _____

Parent's Occupation: _____ Employer: _____

Siblings: Name(s) _____ Age(s): _____

How did you hear about our school? _____

Is your child currently attending a preschool or a home daycare? Does your child have any previous experience with any form of childcare? _____

Is your child fully potty trained (including knowing how to wipe him/herself)? _____

Describe your child's temperament, personality, and learning style: _____ Name
a few activities that your child particularly enjoys: _____

Does your child have any strong dislikes or fears? _____

Does your child have any known allergies or other medical/special needs which should be considered in planning your child's school program? _____

Has your child ever received or is currently receiving any outside services (ie: speech therapy, behavior therapy, occupational therapy, special tutor in a specific subject, any other forms of counseling)? _____

How do you discipline your child?

What is your greatest delight with your child? _____

What is your greatest challenge with your child? _____

In what areas would you like to see your child's potential grow? _____

Great Beginnings For Little Kids, INC. does not discriminate on the basis of race, color, gender, religion, ethnic background, national origin, disability, sexual orientation, marital or family status, parental status, or political beliefs.

I understand that my child will be on the waiting list, but cannot be guaranteed any specific date of entry just by filling out this form.

Signature of parent/guardian: _____ Date: _____

For School Use Only

Application received: _____ Spot offered: _____ Check#: _____ Cash: _____
Class assignment: _____ Date scheduled to attend: _____