

Little Phoenix

660 Morehouse Road, Easton, CT 06612
(203) 268-5530

DAYCARE APPLICATION FORM

Today's Date _____

Child's Name _____

Sex _____ Date of Birth _____

Child lives with _____

Street Address _____

City, State, Zip _____

Siblings Names and Ages _____

Start Date _____ Child's Age at Start Date: _____

Days and Hours of Care Needed:

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____

Current School (if any) _____ Phone: _____

Contact at Current School _____ Child's Current Class _____

Reason for leaving _____

Mother's or Guardian's Name and Address _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Occupation and Business Address _____

Business Number _____ Fax Number _____

Mother's E-Mail _____

Father's or Guardian's Name and Address _____

Father's Home Phone _____ Father's Cell Phone _____

Father's Occupation and Business Address _____

Father's Business Number _____ Father's Fax _____

Father's E-Mail _____

Does your child have any special needs? (physical, emotional, or educational)? _____

If so, please detail on a separate sheet..

Do you have any particular concerns (allergies, etc.) about your child which we should be aware of? _____

If so, please detail.

What are your child's academic and personal strengths? _____

What academic and/or personal areas does your child need to work on? _____

Describe your educational beliefs and philosophy. _____

How did you hear about Little Phoenix? _____

What made you decide to apply? _____

This application must be accompanied by \$75 processing fee. Processing fee is NOT refundable. Security deposit of one month's tuition is due upon acceptance and will hold child's place in the appropriate classroom.

PLEASE MAKE ALL PAYMENTS PAYABLE TO: Easton Country Day School or ECDS

Parent's Signature _____

Print Name _____ Date _____