

**PVCS APPLICATION**

**DATE:** \_\_\_\_\_

Referred by: \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mom \_\_\_\_\_ Dad \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone/s \_\_\_\_\_

Cell phone/s \_\_\_\_\_ E-mail/s \_\_\_\_\_

**PLEASE CIRCLE ENROLLMENT REQUEST**

**Morning Program:**

<b>One (One and walking)</b>	M	T	W	Th	F	9:00-12:00
<b>Two (Two by Sept. 1)</b>	M	T	W	Th	F	9:00-12:00
<b>Three (Three by Sept 1)</b>	M	T	W	Th	F	9:00-12:00
<b>Four (Four by Sept. 1)</b>	M	T	W	Th		9:00-12:00
<b>Early Care</b>	M	T	W	Th	F	8:00-9:00
<b>Fun bunch</b>	M	T	W	Th	F	12:00-2:00

OFFICE


**Full Day Program:**

<b>Infant (6 wks-1 year)</b>	M	T	W	Th	F	7:00-5:30
<b>One (One and walking)</b>	M	T	W	Th	F	7:00-5:30
<b>Two (Two by Sept. 1)</b>	M	T	W	Th	F	7:00-5:30
<b>Three (Three by Sept 1)</b>	M	T	W	Th	F	7:00-5:30
<b>Four (Four by Sept. 1)</b>	M	T	W	Th	F	7:00-5:30


**PVCS ENROLLMENT AGREEMENT**

Please initial each statement

- We agree to pay ALL fees, including registration fees, late fees, coop fees, reservation fees and holiday fees on time
- We agree to give one week or one month's notice of disenrollment or change in enrollment
- We agree to furnish the school with all required student forms prior to our child's first day of school
- We agree to update any changes in our emergency form immediately (Dr., addresses, emergency contacts, etc..)
- We agree to submit all updated immunizations on our child as soon as given
- We agree to participate in the classroom 1 or 3 hours per month or pay the monthly fee
- We agree to abide by the policies of the school as written in the Parent Handbook
- We agree to always notify the teacher and director if my child is to be picked up by someone other than his/her parents
- We agree to always notify the teacher of any illness, especially a communicable disease as required by the Department of Health and Safety.

**PVCS PERMISSION AGREEMENTS**

Please initial each statement

- We give permission for our address, e-mail, and phone numbers to be distributed to other enrolled families at PVCS
- We give permission for our student's photo to be used in PVCS website, brochures or other advertisements (no name used!)
- We give permission for sunscreen to be applied to our student as needed (6 months and older)
- We give permission for PVCS employees to use Kirkland brand wipes on our children for diaper changing

**PLEASE COMPLETE THE STUDENT QUESTIONNAIRE AND  
MEDICAL HISTORY ON THE BACK OF THIS FORM**

## **STUDENT QUESTIONNAIRE**

1. Describe your child's sleep habits. (Include bedtime, naptime, special "lovey" or binky needed?)
2. Is your child potty trained? What words do you use? What else should we know about potty training your child?
3. Describe your child's eating habits and preferences
4. How do you discipline your child? What works? What doesn't?
5. When did your child start to crawl? Walk? Talk?
6. What is your child scared of?
7. What else do we need to know about your child to keep him/her safe and happy?

## **MEDICAL INFORMATION**

1. Are your child's immunizations current/up-to-date? If no, please explain
2. Has your child had any major illnesses, surgeries, or other hospitalization? If yes, please describe.
3. Has your child had frequent or persistent colds, sore throats, ear infections, rashes, breathing troubles, seizures, nosebleeds, constipation, vision or hearing problems? If yes, please describe.
4. Does your child have any special dietary needs or restrictions? Life-threatening allergies or intolerances to foods or other allergens? If yes, please describe.
5. Does your child have any developmental delays? If yes, please provide IEP or other psychological assessments to be included in child's file.