

**Melwood Child Development Center**  
**Application for PreK**

**Child's Name:**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Sex:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Age in years and months:** \_\_\_\_\_

**What is the primary spoken language spoken in your home?** \_\_\_\_\_

**Does your child speak English?** \_\_\_\_\_

**Which days do you desire your child to attend the Center?** *(Circle all that apply)*  
*(Part-time placement will only be considered if space is available, after all full-time students have been placed.)*

**Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **Friday** \_\_\_\_\_

**Approximate Time of Arrival?** \_\_\_\_\_ **Departure:** \_\_\_\_\_  
*(NOTE: We discourage parents from leaving children in our care for more than 9 hours each day.)*

**Who will be picking up your child on a regular basis?** **MOTHER** **FATHER**

**OTHER** \_\_\_\_\_

**Other persons over 18 who may pick up your child occasionally:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

*(Be sure you also include these names on the Emergency Card included in this packet)*

**Is there anyone who MAY NOT pick up your child as a result of custody arrangements or other court order?** **YES** **NO**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

*(Please attach copies of any pertinent court orders if there are restraining orders or custody issues which apply to this restriction so we are able to uphold them. Without them, we cannot prevent a parent from accessing their child/ren.)*

**Does your child have any prior experience in a formal child care or pre-school?**

\_\_\_\_\_ **If YES, where?** \_\_\_\_\_

**Does your child attend Sunday school and/or church on a weekly basis?** \_\_\_\_\_

**How long can your child sit still and focus on a teacher or parent led learning activity?**

**What types of learning activities does your child enjoy the most?**

**How often do you read to your child?** \_\_\_\_\_

**How long can your child sit still and listen to reading?** \_\_\_\_\_.

**How much TV/Movie/ time does your child have daily?** \_\_\_\_\_

**How much Computer/iPad time does your child have daily?** \_\_\_\_\_

Do you have an IEP for your child? \_\_\_\_\_ YES \_\_\_\_\_ No \_\_\_\_\_ In Process

If Yes, are you willing to share that document with us? \_\_\_\_\_

In what ways would you like to see your child develop this year?

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Do you have any concerns about your child's mental or physical development? \_\_\_\_\_  
If so, please explain.

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Do you have any concerns about your child's emotional/social progress? \_\_\_\_\_  
If so, please explain

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Does your child have difficulty transitioning from his/her play time activity when it is time for them to move to another activity/task? \_\_\_\_\_

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How do you redirect and correct your child's behavior when he/she is not behaving appropriately?

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Does your child have difficulty adjusting to new environments and routines? \_\_\_\_\_  
If so please explain how you have seen this exhibited. \_\_\_\_\_

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Has your child ever been dismissed from a child care program? \_\_\_\_\_  
If so, please explain the circumstances. \_\_\_\_\_

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Why are you seeking to place your child in Melwood Child Development Center, as opposed to another center?

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Does your child take a regular nap? \_\_\_\_\_ How long? \_\_\_\_\_

If not, can your child lie quietly and rest for at least 1 ½ hours daily? \_\_\_\_\_

What is your child's normal bedtime? \_\_\_\_\_ Awakening Time? \_\_\_\_\_

If your child potty trained during the day? \_\_\_\_\_ During sleep? \_\_\_\_\_

Does he/she need reminders to go to the bathroom, or will they ask whenever they have a need? \_\_\_\_\_

What is his/her terminology for urinating? \_\_\_\_\_ Defecating? \_\_\_\_\_

Does your child have any known fears? \_\_\_\_\_

If so, please list them and let us know how you handle these fears with your child.

\_\_\_\_\_

Does your child have any known allergies? (Food, milk, bee stings, etc.) YES NO

If YES, Be sure to also submit the attached Allergy Sheet.

What is your Religious/Church Affiliation? \_\_\_\_\_

Would you object to being on our mailing list for special events and activities?

(Concerts, children's events, seminars, etc?)

YES NO

How did you learn about Melwood Nazarene?

\_\_\_\_\_ We are a returning family \_\_\_\_\_ Referred by \_\_\_\_\_  
(Name of referring family or school)

\_\_\_\_\_ Website \_\_\_\_\_ Facebook \_\_\_\_\_ Sign \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

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**FEES REQUIRED TO ENROLL:**

**New Students:** A \$50 enrollment must be submitted with this enrollment form. A Family, in-class Interview will then be scheduled. After the Family Interview a Security Deposit (equal to one week's tuition) must be submitted if you desire to enroll your child.

**TUITION:**

Tuition is always due IN ADVANCE OF SERVICES.

Weekly Rate (Payable each Friday) \$160

I agree to complete the full enrollment packet and provide copies of any and all prior student assessments/evaluations from their previous centers/pre-schools. I understand that my application will be reviewed by the director of the center and that an in-class Family Interview is a required part of the enrollment process. I agree to pay the required enrollment fees, security deposits, and/or activity fees as listed above. I understand that failure to submit the required paperwork and fees will exclude my child from the application and enrollment process.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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