



## Application

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Male  Female

Mother's name: \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Mother's cell #: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Father's cell #: \_\_\_\_\_

Other children living in the home(s): \_\_\_\_\_

\_\_\_\_\_

Primary language spoken at home? \_\_\_\_\_

What do you hope your child will gain from an outdoor program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Does your family spend time out of doors regularly? Please describe:

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Has your child attended other children's programs? Please list:

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Do you have any reservations about outdoor programs?

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### **Health History**

Was your pregnancy/birth healthy? Complications?

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Has your child had any major illnesses? Describe:

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Has your child been diagnosed with learning/ behavioral disabilities?

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Chicken pox? If yes, when? \_\_\_\_\_

Do you vaccinate? \_\_\_\_\_

Food allergies/allergies? \_\_\_\_\_

When did your child begin

Crawling? \_\_\_\_\_

Walking? \_\_\_\_\_

Talking? \_\_\_\_\_

***FOREST  
GNOMES***



A WALDKINDERGARTEN  
PROGRAM

Toilet trained at what age? \_\_\_\_\_

How many hours of sleep does your child get each night? Naps?

\_\_\_\_\_

Do you have a set bed time? When? \_\_\_\_\_

Does your child have a good appetite? Likes/dislikes?

\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's personality/disposition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child get along with other children well? Adults?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have noticeable difficulties in any areas?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What are your child's interests?

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Please share anything else about yourselves, family, and child that you would like us to know.

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What are your expectations of an early childhood program for your child?

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How did you find out about our program?

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### **Time and Talents of Parents:**

Are you able to or interested in volunteering in our program?

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Do you have any special talents you would like to share?

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