

**Sweet Clover School
Early Childhood Application**

Child's Full Name: _____

Female ___ Male ___ Age ___ Date of Birth: _____

Address: _____

Would be interested in after-school care for your child? Yes ___ No ___

If so, until what time? _____ And how many days? _____

DAYS ATTENDANCE AT SCHOOL (8:30 - 2:30)

2 days ___ 4 day ___

Most recent preschool/daycare: _____

Telephone number and name of teacher(s):

Parents Name: (1) _____

Address: _____

Phone: (hm) _____ (cell) _____ (wk) _____

Working Hours _____

Employer: _____ Occupation/Title: _____

Email: _____

Skills/Interests:

Parents Name: (2) _____

Address: _____

Phone: (hm) _____ (cell) _____ (wk) _____

Working Hours _____

Employer: _____ Occupation/Title: _____

Email: _____

Skills/Interests:

With whom does the child live? Please describe the child's daily living arrangement.

Early History

Please describe your child's earliest, years beginning with pregnancy and birth. It is helpful for us to learn about your child's movement and speech development, as well.

Age began (Unattended): Crawling? _____ Sitting? _____ Walking: _____

Speaking: _____

Does your child nap? Yes ___ No ___ Nap routines/times _____

Child's Bedtime? _____ How often does your child awaken at night? _____

Time Child Awakens in morning? _____

Does your child sleep alone in his/her own bed? _____

Describe how child awakens in the morning (dreamy, cheery, crabby, etc.):

Describe child's physical characteristics and disposition:

Activities your child likes to engage in:

Health History

Please briefly describe your child's health history. Please include any childhood illnesses, ear infections, high fevers, injuries or other health issues.

Does your child have any allergies? _____

Is your child taking any medications? If so, why? _____

Results and approximate dates of last:

Medical check-up: _____ Dental check-up: _____

Hearing check-up: _____ Vision check-up: _____

Has your child been vaccinated?

Are you aware of any learning difficulties? _____

Describe any physical conditions we may need to be aware of (vision, hearing, speech, movement, etc.):

Does your child jump rope? _____ Ride a bicycle? _____ Swim? _____ Ski? _____

Is there anything that might require special attention at school? If so, please explain:

Home and Family Rhythm

Describe any habits (pacifier, thumb sucking, nail biting, hair twisting, etc.): _____

Describe any special needs or fears: _____

Favorite foods: _____

Least favorite foods: _____

Describe child's physical characteristics and disposition: List activities your child likes to engage in: _____

How does your child interact with other children? _____

Describe typical play activities: _____

Is your child involved in any formal activities outside of the home (e.g. lessons, classes, sports, etc.)? _____

Do you have a family pet(s)? _____

Describe daily chores: _____

Average daily hours of TV/Movies: _____ Video Games: _____ Radio: _____ Computer: _____

Hours per weekend of TV/Movies: _____ Video Games: _____ Radio: _____ Computer: _____

What festivals or holidays are celebrated by your family?

What are you hoping to find in this education for your child and your family?

Please use this space to include any further information you would like to share with us about your child (including tendencies and characteristics):

Signature of Parent: _____ Date: _____

Sweet Clover School does not discriminate on the basis of race, sex, religion or national origin, in admission policy, or in the conduct of the educational programs.

Application Fee is \$25.
Please make checks payable to:
Sweet Clover School
511 Willow
Hailey, ID 83333

Office Use Only

Application Fee: _____ Date Received: _____

