

Application for Enrollment

Application Date _____

Desired Enrollment Date _____

Child's Name _____

Address _____

Home Phone _____

Date of birth _____

Parent/s name _____

Parent telephone H _____ C _____ W _____

Referred by _____ Website _____ Windham Independent _____ Parenting Magazine _____ Friend

Family History

List other children in the family:

List other persons living in the household and their relationship to the child:

Are there any pets living in your household?

What languages are spoken in your home?

Child Care Experience

Is this your child's first child care experience? ____yes____no

If no, list all family childcare, childcare centers and preschools your child has previously attended.

Name of Program	Program Address	Dates Attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Summary

Does your child have any recurring illnesses?

Has your child had any trauma or recent changes to his/her routine?

Does your child take medication daily? If yes, please list medication/s.

Does your child have allergies? ____yes____no If yes, please list allergies.

Allergy	Reaction	Epi-pen
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_____	_____	_____
_____	_____	_____

Is there anything that would prevent your child from participating in all activities while in care at Green Sprouts? ____yes____no

Does your child have a Family Service Plan or Individual Education Plan? If so, please submit copies of all written evaluations reports along with this application.

Your Child's Daily Rhythm

What time does your child wake up in the morning and go to bed at night?

What is the typical rhythm of your child's day?

What does your child enjoy doing during his/her waking hours at home?

For infants only

How much of the day does your child spend in the least restrictive environment? Ex. on the floor exploring, in a pack-in-play.

Where does your child spend most of their time sleeping? Ex. crib, swing, car seat, pack-in-play.

Is your child comfortable engaging in self-exploration or does he/she require constant adult interactions?

Is your child able to self-regulate such as sucking fingers or playing with hands/feet or does he/she need to be bounced, rocked, walked etc.?

Interest in Green Sprouts

What is inspiring you to have your child attend Green Sprouts?

What components of Green Sprouts do you find align most with your family's values?

Please mail application, along with a \$25.00 non-refundable application fee to:

Green Sprouts, LLC

5 Industrial Drive, Suite A

Windham, NH 03087