

Hadley Early Childhood Program Enrollment Form

Child

Information:

Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

Telephone: _____ Primary Language: _____

Child's Identifying Information:

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____ Allergies: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____ Home Phone: _____

Business Name and Address:

Work Phone: _____ Cell Phone: _____ Hours at Work: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Relationship to Child: _____

Home Address: _____ Home Phone: _____

Business Name and Address:

Work Phone: _____ Cell Phone: _____ Hours at Work: _____

Has your child been evaluated for special education services? _____ If yes, where _____

Where applicable, which parent has custody of the child to be enrolled? _____

PLEASE SEE REVERSE SIDE

Enrollment Priorities:

Children who meet certain criteria are given enrollment priority. Please check below all of the conditions that affect your child and family.

- Child to be enrolled has been evaluated and has special needs.
- Child of Teen Parent
- Low Income Homeless
- Child in FosterCare
- Guardian Parent has Special Needs
- Child of Military Personnel
- Child in Care of Grandparent

The half-day students attend from 8:30-11:15. If your child will be staying for a half day, please fill out this section only.

Please indicate class preference by numbering 1-3.

- Five Mornings
- Three Mornings
- Four Mornings
- Two Mornings

If you are not requesting five days, please indicate your preferred days:

Morning students have the option to stay for lunch with a 12:15 dismissal. If your child will be staying for lunch, please fill out this section.

Will your child stay for lunch? No Yes Please indicate which days: _____

The full-day hours are 8:30-2:45. If your child will be staying for the whole day, please fill out this section.

Please indicate class preference by numbering 1-3

- Five Full-days
- Three Full-days
- Four Full-days
- Two Full-days

If you are not requesting five days, please indicate your preferred days:

Does your child have a nickname? _____

How would you like your child's name to appear on their cubby, attendance board, etc.