



PLEASE ATTACH A PORTRAIT OF YOUR CHILD HERE

# ENROLLMENT APPLICATION

Age by September 1: \_\_\_\_\_ yrs \_\_\_\_\_ mos

Applying for FALL: September, 20\_\_\_\_\_

\_\_\_\_\_  
Name of Child

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth date

Gender \_\_\_\_\_

\_\_\_\_\_  
Name  Parent  Guardian

\_\_\_\_\_  
Name  Parent  Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Telephone  Mobile  House  Work

\_\_\_\_\_  
Telephone  Mobile  House  Work

\_\_\_\_\_  
Occupation/Workplace

\_\_\_\_\_  
Occupation/Workplace

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Primary Language

\_\_\_\_\_  
Primary Language

Person(s) responsible for child: \_\_\_\_\_

Previous Childcare: \_\_\_\_\_

Child is:  Biological  Adopted  Foster  Other \_\_\_\_\_

Describe your child's ethnicity: \_\_\_\_\_

Describe your family culture: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What language(s) do you speak at home? \_\_\_\_\_

Siblings:	Name	Age	Birthday
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Briefly describe your child's personality: \_\_\_\_\_  
\_\_\_\_\_

What is your approach to discipline with your child? \_\_\_\_\_  
\_\_\_\_\_

What helps your child feel better when they're upset? \_\_\_\_\_  
\_\_\_\_\_

Has your child been identified as having special needs? If so, what are they? \_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes in your child's life? If so, describe your child's reaction to change (include moves, illness, death, job changes, babysitters and family structure) \_\_\_\_\_  
\_\_\_\_\_

Describe your child's interaction with siblings and other children: \_\_\_\_\_  
\_\_\_\_\_

Why are you interested in Buen Día for your child? \_\_\_\_\_  
\_\_\_\_\_

If you and your child's other parent do not share a home, are you:

- Legally Separated     Divorced     Live separately     Widowed     N/A

Describe the child's relationship with that parent \_\_\_\_\_  
\_\_\_\_\_

**PROGRAM options:**

- 7:45am to 6:00pm Full Time**  
 **9:00am to 3:00pm School Day:** with extended care charge \$14/hr before 9am and after 3pm.  
 **Please send me a Financial Aid Application**

***This application is due by February 28 (10am). A \$50.00 fee must accompany this application.  
Please remember to attach a portrait of your child to the front of this application.***

If you would like to include additional information, please attach it to this sheet

\_\_\_\_\_  
Buen Dia Staff Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Visit

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Application

Office Use Only
Amt: _____
C# _____
Date _____