



ADS APPLICATION: _____ 2024-2025 _____ 2025-2026

Child's Name: _____ Child's Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Child Home Address: _____ City: _____ Zip: _____

Parent/Guardian Relationship: (please circle) Married Divorced Separated Single

Child lives with: _____

Parent/Guardian: _____ Occupation: _____

check here if same address as child

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

Parent/Guardian: _____ Occupation: _____

check here if same address as child

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

Does your family currently attend a church? yes/no If yes, which one? _____

How did you find out about our program? _____

Has your child ever attended school? yes/no If yes, where? _____

Are there any developmental or social/emotional concerns with your child we should know about?

Children must be able to walk in the Toddler and 2's classes and be potty trained in the 3's classes and up.
Please see the Parent Handbook for more information.

Please check desired class placement and day choices:

___ Toddlers ___ 2 days (Mon/Wed **OR** Tues/Thurs) *Please circle your preference ___ 4 days

___ Twos ___ 2 days (Mon/Wed **OR** Tues/Thurs) *Please circle your preference ___ 4 days

___ Threes ___ 3 days ___ 4 days

___ Pre-K ___ 3 days ___ 4 days

___ Bridge/Kinder ___ 4 days

Are you interested in our extended day program? (please circle) **Early Risers Stay & Play**

Parent Signature: _____ Date: _____

For office use only:

Date Paperwork Rcvd _____ Application Fee: _____ Notes: _____