



ADS APPLICATION: \_\_\_\_\_ 2023-2024 \_\_\_\_\_ 2024-2025

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?  
\_\_\_\_\_

**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 \_\_\_ 4 days

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

*For office use only:*

Date Paperwork Received: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Special Notes: \_\_\_\_\_