

# Early Learning Services

115 NW State Street, Suite 105  
Pullman, WA 99163  
(509) 332 - 4420

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## ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_

Child's Nickname \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Address: \_\_\_\_\_

(If Applicable) Alternative Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Employer and Title \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Employer and Title \_\_\_\_\_

Others in home \_\_\_\_\_

Sibling(s) birth date(s) \_\_\_\_\_

**PLEASE** indicate your preference for times your child will attend:

Full day 7:30 - 5:30 \_\_\_\_\_

Half day AM 7:30 - 12:30 \_\_\_\_\_

Half day PM 12:30 - 5:30 \_\_\_\_\_

1. PLEASE describe any food allergies, likes and dislikes, food restrictions or dietary restrictions -  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child ever eaten peanut butter? \_\_\_\_\_

*(If not we will NOT introduce it at ELS until you inform us that he/she has eaten peanut butter and had no reaction.)*

**IF SO, did your child have an allergic reaction to peanut butter?** \_\_\_\_\_

3. Will your child be attending kindergarten or another early childhood program? \_\_\_\_\_

If so, please list

name of school \_\_\_\_\_

anticipated teacher \_\_\_\_\_

time of day attending \_\_\_\_\_

4. Please describe transportation plans, if applicable (i.e. carpool, school bus, parent pick-up)  
\_\_\_\_\_

5. Has your child attended preschool or childcare before? When, where, program name? \_\_\_\_\_

6. Describe your child's abilities and strengths in the following areas:

**Communication:** getting his/her needs met, expressing his/her self:

**Self-help skills:** dressing, feeding, toileting:

**Motor skills:** crawling, rolling, walking, grasping, running, climbing, balance:

**Personal-social skills:** getting along with others, dealing with emotions:

7. Do you have any concerns about your child's development or skills in any of the above areas?

8. Please describe any health concerns or conditions regarding your child: \_\_\_\_\_

9. Please describe any fears your child has: \_\_\_\_\_

10. What upsets your child, and what comforts him/her when he/she is upset, angry, or ill? \_\_\_\_\_

11. Please share with us discipline strategies that are successful with your child at home or in other settings:

\_\_\_\_\_  
*Signature of Parent(s)/Guardian*

\_\_\_\_\_  
*Date*

**No person shall, on the grounds of race, color, sex, national origin, age, physical or mental infirmity, or veteran status, be prohibited from participation in, be denied benefits of, or subjected to unlawful discrimination under any activity or service of this agency.**