



# Girassol Learning Center Enrollment Application

*Loving care for your child*

Date received \_\_\_\_\_

To submit your child's application, download and print the form, complete and sign it, then scan and e-mail it to GirassolLearningCenter@gmail.com. Or you may mail it to Rosana Moyer, PO Box 1878, Homer, AK 99603. You may also fill in the form using Adobe Acrobat, then e-mail it to us.

*Please print!*

Date \_\_\_\_\_

## Child's Information

Name \_\_\_\_\_ Preferred name \_\_\_\_\_  
*First Middle Last*

Date of Birth \_\_\_\_\_ (MM/DD/YYYY) Gender \_\_\_\_\_

**Please answer all the questions below. If you need more space, please use the back of this form or attach another sheet of paper.**

1. What date would you like for your child to begin at Girassol? \_\_\_\_\_

2. What type of schedule do you need?  **Full day** (8am – 4pm)  **Half-day** (8am-12:00pm)  
 **Full time** (M-F)  **Part time** (list days) \_\_\_\_\_

3. Is your child up-to-date on all early childhood vaccinations?  **Yes**  **No**  
*Please note: Girassol requires that all children be fully vaccinated by the first day of attendance. No waivers are accepted.*

4. Does your child have any chronic conditions that require medication?  **Yes**  **No**  
*If yes, please provide a brief explanation.*

5. Is your child allergic to medications, food, insect bites, latex, mold, pet, pollen, etc.?  **Yes**  **No**  
*If yes, please provide a brief description of the allergy and the allergic reaction.*

6. Does your child have developmental or behavioral issues that are a concern to you?  **Yes**  **No**  
*If yes, please provide a brief description of any issues of concern.*

7. Has your child previously been in a preschool or daycare setting?  **Yes**  **No**  
*If yes, please briefly describe the setting and your child's experience.*

## Parent/Guardian Information

Please provide complete information for the parent(s) or legal guardian(s) with whom the child lives.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_