



Preliminary Enrollment Application
Girassol Learning Center
Loving care for your child

Date received _____

Please print!

Child's Information

Date _____

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** _____