



660 MOREHOUSE RD. EASTON, CT 06612

EASTONCOUNTRYDAY.ORG

(203) 268-5073

## DAYCARE APPLICATION FORM

Today's Date \_\_\_\_\_

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

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child lives with \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Siblings Names and Ages \_\_\_\_\_

Start Date \_\_\_\_\_ Child's Age at Start Date: \_\_\_\_\_

### Please Indicate Days and Hours of Care Needed:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Current School (if any) \_\_\_\_\_ Phone: \_\_\_\_\_

Contact at Current School \_\_\_\_\_ Child's Current Class \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Mother's or Guardian's Name and Address \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Occupation and Business Address \_\_\_\_\_

Business Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_

Father's or Guardian's Name and Address \_\_\_\_\_

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Father's Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Occupation and Business Address \_\_\_\_\_

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Father's Business Number \_\_\_\_\_ Father's Fax \_\_\_\_\_

Father's E-Mail \_\_\_\_\_

Does your child have any special needs? (physical, emotional, or educational)? \_\_\_\_\_

If so, please detail on a separate sheet..

Do you have any particular concerns (allergies, etc.) about your child which we should be aware of? \_\_\_\_\_

If so, please detail.

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What are your child's academic and personal strengths? \_\_\_\_\_

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What academic and/or personal areas does your child need to work on? \_\_\_\_\_

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Describe your educational beliefs and philosophy. \_\_\_\_\_

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How did you hear about Little Phoenix? \_\_\_\_\_

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What made you decide to apply? \_\_\_\_\_

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**This application must be accompanied by \$75 processing fee. Processing fee is NOT refundable. Security deposit of one week's tuition is due upon acceptance and will hold child's place in the appropriate classroom.**

**PLEASE MAKE ALL PAYMENTS PAYABLE TO: Easton Country Day School or ECDS**

Parent's Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_