GEM SCHOOL

Student _____

Application for Enrollment

STUDENT INFORMATION

Name _____ Date of Birth _____

Address _____

Enrollment Date _____ Withdrawal Date _____

Parent 1 _____ Phone_____

Home Address _____

Place of Employment _____ Phone _____

Work Address_____

Parent 2 _____ Phone_____

Home Address _____

Place of Employment _____ Phone _____

Work Address_____

Emergency Contact _____ Relationship_____

Home Address _____

Phone _____ Phone _____

Emergency Contact _____ Relationship_____

Home Address _____

Phone _____ Phone _____

_____ _____

Parent 1 Initial Parent 2 Initial

Student _____

MEDICAL INFORMATION

Pediatrician _____ Phone _____

Address _____

Health Insurance _____ Policy Number _____

Allergies _____

Medical Needs _____

_____

RELEASE INFORMATION

Person(s) Authorized to Pick Up Student

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Person(s) *NOT Authorized* to Pick Up Student

Name _____ Relationship _____

Name _____ Relationship _____

HOME INFORMATION

Other Children Living in the Home

Name & Age _____ Relationship _____

Name & Age _____ Relationship _____

Name & Age _____ Relationship _____

Other Adults Living in the Home

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

_____ _____

Parent 1 Initial Parent 2 Initial

Pets in the Home _____

Language(s) Spoken at Home_____

Discipline Style in the Home _____

Describe your child's experience with technology _____

PREVIOUS EXPERIENCE IN CARE

Type of Care _____ Dates Enrolled _____ to _____

Reason for leaving _____

STUDENT SOCIAL INFORMATION

Favorite Foods _____

Least Favorite Foods _____

Favorite Show/Characters _____

Favorite Activities _____

How does your child interact with peers _____

Does your child prefer independent play or group activities _____

How does your child handle transitions or changes in routine _____

List any specific social skills your child is working on _____

What is your child's nap schedule _____

List any holidays or observances your family participates in that the school should be aware of _____

Behavioral concerns you have for your child _____

Describe your child's personality _____

_____

_____ _____

Parent 1 Initial Parent 2 Initial

Student _____

GOALS AND EXPECTATIONS

What are your goals for your child's education at GEMS?

_____

What do you hope your child will gain from their experience at our school?

_____

Are there any specific skills or areas you would like the school to focus on?

_____

How can we best support your child's overall growth and development?

_____

OTHER INFORMATION WE SHOULD KNOW

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Parent 1 Initial Parent 2 Initial