

Attach
child's
photo
here



Mailing Address:
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Redondo Beach, CA 90277

"The Place Where Joy Grows"
(310) 844-7395 • www.SeedsofJoyVillage.org
1102 Camino Real
Redondo Beach, CA 90277

PRESCHOOL-KINDERGARTEN ENROLLMENT FORM

Child's Full Name _____ Birth Date _____ Date _____
_____ (mm/dd/yy) Sex ____ Age as of Sept. 1 (or start date) _____ years + _____ months

Parent/Guardian 1

Name _____
Address _____
City _____
Occupation _____
Employer _____

Parent/Guardian 2

Name _____
Address _____
City _____
Occupation _____
Employer _____

Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Child's current and previous school(s) and/or childcare experiences (attached additional pages if necessary):

Name of Facility	Address	Phone Number	Dates/Grades of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about us? _____

PLEASE ENCLOSE A \$75 PER CHILD NON-REFUNDABLE ENROLLMENT FEE & A \$400 MATERIALS FEE

Application Fee Rec'd _____	Interview Scheduled _____	Materials Fee Rec'd _____
Enrollment Packet Sent _____	Tuition Fee Paid/Date _____	Start Date: _____
Enrollment Packet Returned _____	Earthquake Kit Rec'd _____	

Child Information:

Physical characteristics, temperament: _____

School or social experience to date: _____

Medical or health concerns or conditions: _____

Emotional concerns or conditions: _____

If child does not live with both parents/guardians, please describe child's living situation: _____

Names and ages of siblings: _____

What are you hoping to find in this education for your child and are there any questions you would like addressed at the interview? _____

Medical History:

Adopted _____ Pregnancy was: Easy _____ Average _____ Difficult _____

Comments: _____

Condition at birth: _____

Duration of labor: _____ Birth weight: _____

Type of delivery: _____

Injuries, bruises, deformity of head: _____

Breathing difficulties: _____ Feeding difficulties: _____

Breast-fed: _____ How long? _____

In incubator or ICU isolette: _____ How long? _____

Jaundice or anoxia: _____ Other significant conditions: _____

Childhood illnesses (give type, age and severity): _____

Childhood hospitalization: _____

Ear infections? (give frequency and severity): _____

How many before age 5? _____ Has hearing been checked by physician? _____ When? _____

Eye infections? _____

Has vision been checked by physician? _____ When? _____ Wears glasses? _____ Since when? _____

Allergies:

Food (give type): _____ Environmental elements: _____

Other: _____

Symptoms: _____ Frequency: _____

Does your child take any medication? _____ If so, what kind? _____

What is the dosage? _____

How long has your child been on this medication? _____

Comments: _____

Developmental History

Describe your child's temperament as a baby: _____

Comments: _____

Did development seem average, slow or advanced? _____

At what age did your child:

Turn over? _____ Sit alone? _____ Crawl? _____ Walk alone? _____

Begin feeding self? _____ Toilet trained? _____ Sleep through the night? _____

Say single words? _____ Say sentences? _____

Please describe any difficulties with the above: _____

First language learned: _____ Contact with foreign language: _____ If so, which? _____

Hand preference: Right/Left/Both Did adults influence choice? _____

Can your child:

Ride a bicycle? _____ Jump rope? _____ Skate? _____ Skip? _____ Swim? _____ Throw & catch a ball? _____

Child's hobbies: _____

Comments: _____

What activities do you encourage your child to pursue?

Musical: _____ Religious: _____ Academic: _____ Sports: _____ Artistic: _____ Mechanical: _____ Other: _____

Comments: _____

In what activities has your child been particularly successful and/or interested?

Is there anything you'd like to share? _____

My child will attend *Seeds of Joy Village* 4 consecutive days as follows:

Monday

Tuesday

Wednesday

Thursday

If your child will not be starting in September, what date would you like your child to start? _____

Please return this completed enrollment form with a \$75 non-refundable enrollment fee & a \$400 materials fee and make the check payable to *Seeds of Joy Village*.