

Wildflowers Playschool, 10 Christian Square, Putney, VT

Enrollment Form

Today's Date: _____

Child's Full Name: _____

Child's Birth date: _____

Name of Parent/guardian: _____

Home Address: _____

Email Address: _____

Where employed and phone number at work:

Name of other parent/guardian: _____

Home address: _____

Email Address: _____

Where employed and phone number at work:

Name(s) and age(s) of siblings:

Does your child have any allergies, medical, or physical conditions, speech/language difficulties, or illnesses which would affect their development/involvement?

___ NO

___ YES, please describe:

Has your child eaten peanuts or other nuts? Y/N

Is your child a vegetarian? Y/N

Has your child has:

___ Measles ___ German Measles ___ Mumps

___ Whooping Cough ___ Chicken Pox

Describe your child's social experience prior to entering Wildflowers Playschool:

Describe your child's temperament, play habits, eating habits, sleeping habits, fears, dislikes, etc:

Describe your child's interests and excitements:

Please attach Evidence of Immunization form to this enrollment or immunization exemption form.

Please also make out a check for 60\$ to Wildflowers Playschool for your enrollment fee.

**Please submit in person or mail this form to:
Tess Lindsay, 127 Bellows Falls Rd, Apt A, Putney VT 05346**