

Application for admissions

Please mail application along with family photo to:

4023 Cesar Chavez Street
 San Francisco CA, 94131-1918
 Tel (415)886.5968
SFDC60@gmail.com



Desired Start Date _____

Child's name

Last First Middle

By what name does your child like to be addressed?

Birth Date: _____

Primary address for admissions correspondence:

 Number and Street City State Zip

Phone numbers: _____

Desired schedule:

Days	Hours	Monthly tuition
<input type="checkbox"/> 2 days a week M: <input type="checkbox"/> T: <input type="checkbox"/> W: <input type="checkbox"/> TH: <input type="checkbox"/> F: <input type="checkbox"/>	8:00am - 5pm pick up	\$985
<input type="checkbox"/> 3 days a week M: <input type="checkbox"/> T: <input type="checkbox"/> W: <input type="checkbox"/> TH: <input type="checkbox"/> F: <input type="checkbox"/>	8:00am - 5pm pick up	\$1,448
<input type="checkbox"/> 5 days a week	8:00am - 5pm pick up	\$2,390

Parent/Guardian info:

Name _____

Address (if different from above) _____

Phone _____

Cell phone _____

Email _____

Occupation _____

Employer _____

Work phone _____

Parent/Guardian info:

Name _____

Address (if different from above) _____

Phone _____

Cell phone _____

Email _____

Occupation _____

Employer _____

Work phone _____

Other Daycares/ Preschools previously attended or still attending.

(If you left, please state reasons for leaving):

_____	_____	_____
Daycare/Preschool	Dates	Reason for leaving

_____	_____	_____
Daycare/Preschool	Dates	Reason for leaving

_____	_____	_____
Daycare/Preschool	Dates	Reason for leaving

Please state why you are interested in having your child attend Sandmann Family Day Care (program, convenience, other factors...)



Child Information

The following questions about your child help us getting to know him or her better, so we can make his or her stay at Sandmann Day Care the most enjoyable. We commit to holding all of your responses in strict confidence.

Comment on your child's play (inside and outside activities, activities enjoyed most):

Are there any scheduled extracurricular activities (music, art, classes, and sports)?:

Can you describe your child's individual characteristics/ temperament?

Please let us know if there are any specific concerns that you have about your child development. As well, please let us know if there is an area you are struggling with at home.

How do you discipline your child's behavior?

How much is your child exposed to media? (Please state average number of minutes/hours per day):

TV viewing: _____ DVDs: _____ movie theatre: _____

Video Games (on computer, i-pad or i-phone): _____

Radio (in car, for example) _____

Listening to music: _____ What type of music? _____

Please describe your routines

Morning: Please describe your morning routine: the time your child wakes up; do you awaken your child? Does s/he get up on his/her own? What is the order for getting ready for daycare? Who eats breakfast with your child? What does your child eat? What are the various members of the family doing (i.e. mom showers while dad dresses the child etc.)

Dinner time: Please describe your child's dinner time routine, including time, who is at the table, the child's temperament, etc.

Describe child's diet and eating habits (picky eater, etc.) from birth to present:

Nap time/ Bed time: Please describe your child's nap time or bed time routine, including time each activity is done (i.e. story at ____; lights out at ____; child calls for parent at ____; wakes in the middle of the night ____nights a week, etc.):

Family picture

We are aware that households today are not necessarily “traditional”. It is important for us to understand the child’s relationship to all significant adults in his/her life.

Please list the adults living in the same home and describe their relation to the child.

Parent/Guardian’s Name: _____

Relationship to child: _____

By what name does child address this parent/guardian? _____

Parent/Guardian’s Name: _____

Relationship to child: _____

By what name does child address this parent/guardian? _____

Other adults living in household and relationship to child: _____

Description of flat/house/yard: _____

How long has child lived in this area? _____

Please indicate if child’s time is spent in two households and how much time is spent in each one:

Religious or spiritual affiliation? _____

Languages spoken in the home (Who speaks which language to your child?):

Brothers and Sisters: _____ **Birth Dates** _____

Family activities

(What kind of activities does your family as a whole do together in your free time?)

Further comments:

Parent / Guardian Signature

Date

Facility Representative

Date