



PRINCETON SCHOOL

"For little explorers with BIG ideas!"

Princeton School Enrollment Form

Date _____

Child's Full Name _____ Child's Age _____

Child's Birthday _____

Address _____

Contact Info:

Caregiver's Name _____

Contact's Phone Number _____

Caregiver's Name _____

Preferred Start Date: _____

Home Phone Number _____

Preferred Program (half day/full day): _____

Cell Phone Number _____

Time you plan to drop your child off _____

Work Phone Number _____

Time you plan to pick up your child _____

Emergency Contact Person _____

You Child's Health

General State of Health:

Does your child have any known allergies?

Does your child have any medical conditions that we should be made aware of?

Does your child have any problems with any of these? (Please tick)

Constipation

Lice

Convulsions

Ringworm

Diarrhea

Skin Rash

Fainting Spells

Soiling

Frequent Colds

Stomach Upsets

Frequent Ear Infections

Urinary Problem

Frequent Sore Throats

Worms

Has your child had any of these diseases? (Please tick)

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Impetigo | <input type="checkbox"/> Whooping Cough |

Has your child ever been in childcare before? _____

What type? (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

How does your child feel about daycare and being left by his/her caregiver?

Does your child have any food restrictions? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any comfort objects such as a blanket, soother, bottle, toyetc.?

Are there any other comments or information you would like to let me know about?

Terms & Conditions

- I understand that I am responsible for my child out of School hours both on and off campus
- I understand that I take full responsibility for my child's personal property
- I agree on acceptance of my child's enrollment I will pay the full fee amount stated by Princeton School
- I agree there will be no deductions due for sickness absence or holidays
- I agree to pay the full term tuition fee even if my child is absent for one or more days during the calendar week
- In case of withdrawal of my child from Princeton School, I agree to give written notice of two weeks

Please sign below to verify that you have read the above information.

Signature _____

Date _____

