

# Village Playgarden Application

Please return to Village Playgarden 3636 Skylane Drive, Altadena, CA 91001 with \$75 application fee

Enrollment Application for \_\_\_\_\_ 2024-2025 school year \_\_\_\_\_ 2024 Summer in the Garden

Application fee of \$75 made out to Village Playgarden paid \_\_\_\_\_ date: \_\_\_\_\_

\*\* please include a recent family photo with your application \*\*

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female

Enrollment is from 8:30 am to 3:30 pm. Please indicate your choice of days:

\_\_\_\_\_ 5-day \_\_\_\_\_ 4-day (M,Tu, Th, F) \_\_\_\_\_ 3-day either \_\_\_\_\_ M-W or \_\_\_\_\_ W-F;

Do you have flexibility on choice of days? Y N

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Brothers and Sisters: Names	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents' marital status: \_\_\_\_\_

Describe living arrangements if co-parenting, stepfamily, extended family, etc.

Language spoken in the home: \_\_\_\_\_ By parent 1 \_\_\_\_\_ By parent 2 \_\_\_\_\_

Has your child ever been in regular out-of-home care before (where and how long)?

\_\_\_\_\_.

Has your child had a regular in-home caregiver other than a parent? \_\_\_\_\_.

What are you looking for in having your child attend Village Playgarden?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Do you have any experience with non-violent communication and parenting, Waldorf education, progressive education, attachment parenting, holistic eating?

\_\_\_\_\_.

What are your most important family traditions? \_\_\_\_\_.

How did you hear about Village Playgarden? \_\_\_\_\_.

## About Your Child

How does your child express herself/himself when he/she is angry, sad, happy, afraid, tired, hungry? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

What is the best way to reconnect to your child when he/she is upset, angry, sad, afraid?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Is your child toilet trained? \_\_\_\_ Dry while sleeping? \_\_\_\_ What word or action does your child express when s/he needs to use the toilet? \_\_\_\_\_

Does he or she take naps? \_\_\_\_ How many days a week? \_\_\_\_ At what time(s)? \_\_\_\_ How long? \_\_\_\_

Does he or she fall asleep easily? \_\_\_\_

Does s/he have a regular bedtime? \_\_\_\_ What time? \_\_\_\_\_

What time does s/he awaken on weekdays? \_\_\_\_ On weekends? \_\_\_\_\_

What kinds of food does your child like? Dislike? What are his/her attitudes about new foods?

\_\_\_\_\_  
\_\_\_\_\_.

Does your child and/or other family members follow a special diet? YES NO

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Does your child have any food allergies? \_\_\_\_\_.

Does your child have any habits (thumb sucking, etc.)? \_\_\_\_\_.

Any fears? \_\_\_\_\_.

Does your child watch television or videos (what programs, and how often)?  
\_\_\_\_\_.

Do you take your child to movies or have computer games/programs for him or her?  
\_\_\_\_\_.

How often does your child play outside? \_\_\_\_\_.

How would you describe your child's personality? \_\_\_\_\_.

How does your child play alone? \_\_\_\_\_.

How does he or she play with other children? \_\_\_\_\_.

Does your child have a special doll or toy? Imaginary friend? \_\_\_\_\_.

## Health History

Any complications during pregnancy? \_\_\_\_\_.

Birth weight? \_\_\_\_\_ Full term? \_\_\_\_\_.

Home, hospital, cesarean, adoption, complications, etc.:

Breastfed or bottle-fed? If weaned, at what age?

Any congenital problems?

Allergies and reaction?

At what age did your child:

Sit up? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Get first tooth? \_\_\_\_\_

Any hearing problems or history of ear infections? \_\_\_\_\_.

Is your child immunized? \_\_\_\_\_.

Does your child take any medications—what? \_\_\_\_\_.

What childhood and other illnesses has s/he had (chicken pox, measles, mumps, rubella, meningitis, shigella, influenza, severe respiratory infections, etc.?)

\_\_\_\_\_.

Any injuries or hospitalizations? \_\_\_\_\_.

Has your child ever been diagnosed, assessed or requested to be assessed by a health care practitioner, care taker, or teacher for any of the following: \_\_\_ developmental delays, \_\_\_ autism spectrum disorder, \_\_\_ Asperger's syndrome, \_\_\_ sensory integration disorder or any other behavioral challenges.

Tell us anything else you want us to know about your child and your family. Feel free to use additional sheets. \_\_\_\_\_

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