

Mud Pies Preschool Application

Child's Name (Pronouns): _____ DOB: _____

	Parent/Guardian 1	Parent/Guardian 2
Name (Pronouns)		
Home Address(es)		
Email Address(es)		
Mobile(s)		

Desired Start Date: _____ Desired Drop Off: _____ am Desired Pick Up: _____ pm

Desired Schedule: Monday Tuesday Wednesday Thursday Friday

Anything Else We Should Know About Scheduling? _____

<p>Tell us about your child. What do we need to know about your child to make their experience here at Mud Pies Preschool the very best it can be?</p>
<p>What about Mud Pies Preschool do you feel makes our program a fit for your child and family?</p>
<p>Has your child had previous experience in child care, or being away from parents (with family, friends, etc)? How did it go?</p>

What are your concerns about care here, and how can we help your family adjust to the change?
How does your child spend free play time at home? What are their favorite activities?
Other than a safe and fun place to spend their days, what do you hope your child will gain from their time here?
Is there anything else you'd like for us to know about your family or your child?

