

**For official use only:** \_\_\_\_\_ Returning Child

Age (YRS/MOS) \_\_\_\_\_ Sex  M  F

Check all that apply:

Sibling Applicant Age (YRS/MOS) \_\_\_\_\_

Twin/Multiple

Exceptionalities: \_\_\_\_\_

Date Received/Completed: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

DSS/UCDS: \_\_\_\_\_



## APPLICATION FOR ENROLLMENT SOLOMON'S WORLD

**CHILD INFORMATION**

Child's Legal Name: \_\_\_\_\_ Gender:  Male  Female

First Middle Last

Name Child is called at Home: \_\_\_\_\_ \*All children at Solomon's World are called by their given first names; however, for transition purposes, it helps for us to know what they are called at home.

**Child's Physical Address:** \_\_\_\_\_

**Date of Birth:**

**Primary Language:**  English  Spanish  Other \_\_\_\_\_

**Race Ethnicity:**  Asian  Black/African American  White/Caucasian  Other (Specify) \_\_\_\_\_

Hispanic/Latino  Multi-Racial  Native American

Upcoming Grade Level: \_\_\_\_\_ School Attending: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**FAMILY INFORMATION:**

Father/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

City State Zip Code

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

Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

City State Zip Code

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

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Contacts and Emergency Medical Care information is listed on the Child Care and Emergency Information Form**

**MEDICAL INFORMATION**

*For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed, sign and dated by the child's parent and health care professional.*

Is there a medical action plan needed? Yes  No  Is there a medical action plan attached? Yes  No

Does your child have any chronic illness, medical conditions or food allergies that we may need to be aware of? Yes  No

**If YES, please indicate:** \_\_\_\_\_

Are there any diagnosed needs or learning disabilities, such as fears, unique behavior characteristics, developmental delays (cognitive, social, emotional, physical, linguistic, or functional/adaptive) or speech impairment? Yes  No  **If YES, please indicate and provide a physician's statement:** \_\_\_\_\_

By signing below, I, as the parent/guardian, authorize **Solomon's World** to obtain medical attention for my child in an emergency.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Only **completed** applications and requested documents will be considered.*