

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

MTZBC Member Non Member

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 Hispanic/Latino
 Black/African American Multi-Racial
 White/Caucasian Native American
 Other (Specify) _____

Upcoming Grade Level: _____ School Attending: _____

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.*