



## Application Form

**Child's name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Gender:** Male / Female

**First Parent/Guardian's Name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Apartment #:** \_\_\_\_\_

**City & Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Workplace address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Second Parent/Guardian's Name:** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Apartment #:** \_\_\_\_\_

**City & Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Workplace address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Schedule preference:** (please indicate your first and second choice for enrollment)

\_\_\_\_\_ Monday - Friday

\_\_\_\_\_ Mondays, Tuesdays, and Wednesdays

\_\_\_\_\_ Thursdays and Fridays

**Extended hours needed:** (please estimate your need for extended hours of care- check all that may apply)

\_\_\_\_\_ No extended hours needed

\_\_\_\_\_ Each day from 8 am - 9 am

\_\_\_\_\_ Occasional hours needed

\_\_\_\_\_ Each day from 4 pm - 5 pm

\_\_\_\_\_ Hours will vary based on day of week

\_\_\_\_\_ Hours will vary each week



*Please take a few minutes to answer the following questions:*

Has your child previously been enrolled (or is he/she currently enrolled) in a daycare or preschool?

no  yes If so, when and where? \_\_\_\_\_

If not, who is your child's primary caregiver?  Parent(s) at home  Nanny/Babysitter

Other: \_\_\_\_\_

Please describe your child's typical daily routine, including nap times, meal times, bedtime etc.

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Has your child been formally diagnosed with any developmental delays or special needs?

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Does your child speak more than one language at home?  no  yes

If so, which language(s): \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

***Little Nest students must be fully immunized to attend, unless medically exempt.***

*Applications will be reviewed on a first come, first serve basis. Considerations of age and classroom gender balance help to determine enrollment. Little Nest does not discriminate on the basis of race, religion, sexual orientation, disability, or ethnicity.*

Please mail or deliver completed application along with a \$45 non-refundable application fee (payable to Little Nest Learning Center) to 50 Downing Street #1, Brooklyn, NY 11238.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_