

www.ONEgeneration.org

ENROLLMENT APPLICATION INFANT, TODDLER & PRESCHOOL PROGRAMS 6 WEEKS TO 6 YEARS OLD

Child's Full Legal Name:	
Date of Birth:	
Country of Citizenship:	
Place of Birth:	
PREVIOUSLY ATTENDED SCHOOLS	
Name of present or most previous school (if applicable)	
Dates attended	
School Address	

BE ADVISED THAT SUBMITTING AN APPLICATION FOR YOUR CHILD DOES NOT GUARANTEE THEIR PLACEMENT IN OUR PROGRAM. APPLICATIONS, ALONG WITH THE REQUIRED NON-REFUNDABLE FEE OF \$200.00, SOLELY SECURE A POSITION ON OUR WAITING LIST. WHILE WE MAKE EVERY EFFORT TO ACCOMMODATE ALL APPLICANTS, ADMISSION IS SUBJECT TO AVAILABILITY AND SUITABILITY BASED ON OUR ENROLLMENT CRITERIA. BY SUBMITTING THIS APPLICATION AND NON-REFUNDABLE FEE, YOU AGREE TO THESE TERMS.

WE APPRECIATE YOUR UNDERSTANDING OF THIS POLICY.THANK YOU FOR CONSIDERING ONEGENERATION FOR YOUR CHILD

FAMILY INFORMATION

Ms. Mrs.	Miss	Mr.	Dr.	
Title (Please check one	e)			
Street Address				
C'a Cara 7' Cala				
City, State, Zip Code				
Home Telephone				
Cell Phone				
Email Address				
Parent's/Guardian's B	irthplace			
Parent's/Guardian's D	ate of Birth			
LY INFORM	MATION			
LITINIORI	WIN I I O IV			
Parent/Guardian Nam	ne .			
Parent/Guardian Nam Ms. Mrs.	ne Miss	Mr.	Dr.	
Parent/Guardian Nam Ms. Mrs. Mrs. Title (Please check one	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one	Miss	Mr.	Dr.	
Ms. Mrs.	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one Street Address	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one Street Address City, State, Zip Code	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one Street Address City, State, Zip Code Home Telephone	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one Street Address	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one Street Address City, State, Zip Code Home Telephone Cell Phone	Miss	Mr.	Dr.	
Ms. Mrs. Mrs. Title (Please check one Street Address City, State, Zip Code Home Telephone	Miss Miss	Mr.	Dr.	

EMPLOYMENT INFORMATION

Name of Parent/Guardian
Business Name
Business Address
Occupation
Title
Business Phone Number
Email Address
EMPLOYMENT INFORMATION
Name of Parent/Guardian
Business Name
Business Address
Occupation
Title
Business Phone Number
Email Address

SIBLING INFORMATION

Name of Sibling(s)	M or F	Date of Birth	Present School	Grade
ADDITIONAL INI	FORMATION	V		
TDD11101VIL 11VI	OKWATIOI			
delatives/friends who have attended	d ONEgeneration Child	dcare :		
Jow did you learn about ONE gene	ration?			
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PARENT/STUDENT INFORMATION What is your child's native language? What other languages does your child understand/speak? What experiences do you as a parent look forward to gaining from ONEgeneration? What experiences do you hope your child will obtain at ONEgeneration? Does your child have an Individualized Education Program? (Individualized Education Program (IEP) is a legally binding document developed for students who are eligible for special education services under the Individuals with Disabilities Education Act (IDEA) in the United States.)

PARENT/STUDENT INFORMATION Does your child have any developmental delays you are aware of? Please describe your child's personality, noting strengths as well as weaknesses. Describe any special circumstances that might affect your child's behavior at school, including emotional or physical development, medication, or frequent changes of the home. Describe what areas ONEgeneration you find attractive.

PARENT/STUDENT INFORMATION

In what ways are you able to contribute to ONEgenerat	ion:
In what ways are you able to contribute to UNEgenerat	ion?
Places tall us any partinent information shout ways abile	
Please tell us any pertinent information about your child	i.
Please indicate your enrollment preferences. (Kindly not preferred dates, availability may vary and does not guara Desired Start Date:	
Preferred Schedule: (Full-Time, Part-Time)	
Parent/Guardian's Signature	Date
Parent/Guardian's Signature	Date