



HUNT VALLEY COUNTRY DAY

Family Information Form 2018-2019

(To be submitted with Enrollment Application and Enrollment Fee)

CHILD

Child's Full Name: _____

Preferred Name: _____ Birthdate: _____

Requested Days of Attendance: M ____ T ____ W ____ Th ____ F ____

Half Day _____ Full Day _____ Proposed Start Date: _____

PARENTS

Parent's Name: _____

Address _____

Parent's Place of Employment: _____

Office Phone Number: _____ Cell Phone Number: _____

Home Phone Number: _____ Preferred Email Address: _____

Parent's Name: _____

Address _____

Parent's Place of Employment: _____

Office Phone Number: _____ Cell Phone Number: _____

Home Phone Number: _____ Preferred Email Address: _____



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SCHOOL/CARE EXPERIENCE

Previous school or daycare experience: _____

Name of Director/ Provider: _____

If changing, why? _____

What is most important to you in a preschool setting?

HEALTH AND WELLNESS

Food /Other Allergies: _____

Treatment for Allergic Reaction: _____

Are your child's vaccinations current? _____

Do you have any concerns with your child's health? _____

Do you have any concerns with your child's development? _____

If yes, what are they? _____

Have you worked with Maryland Infants and Toddler's Program? _____

Does your child have an IFSP (Individualized Family Service Plan)? _____

Will you provide us a copy of the IFSP so that we may implement it here at preschool?

Is there any reason why your child would not be successful engaging as part of a group of up to 10 children in an open space setting?



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What information would help us to create a positive experience for your child?

HVCD use only

Days of attendance: _____ Program: _____ Start Date: _____

Date of Acceptance: _____ Tuition Amount: _____ Allergies: _____

Admin use only

Paid EF _____

Billing update _____

Scanned: _____

Schedule update _____