

Reggio & Co. Enrollment Application

STUDENT INFORMATION						
First Name:		Last Name:		Middle Name:	Preferred Name:	Date of Birth:
City of Birth:		State of Birth:	Religion (optional/for classroom celebrations):		Language(s) Spoken (other than english):	Referring Reggio & Co. Family (if any):
Household Members (excluding student):	Name:	Age (omit adult ages):	Relationship:	Name:	Age (omit adult ages):	Relationship:
Does your child have a medical condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain:						
Does your child have a psychiatric condition? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain:						
Does your child have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain:						
Does your child take prescription medication? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain:						
Does your child have any dietary restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO Please explain:						
Does your child sleep alone? <input type="checkbox"/> YES <input type="checkbox"/> NO			Pacifier for bed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3 words that describe your child's personality:	1	2		3		
Please list the top three of your child's likes:	1	2		3		
Please list the top three of your child's dislikes:	1	2		3		
Name of previous early childhood education environment/school (if any):				Please rate your experience on a scale of 1-10 (10 = best possible):		
Please explain your rating:						
Has your child been observed by any of the following ? (check all that apply): <input type="checkbox"/> Infants & Toddlers <input type="checkbox"/> ChildFind <input type="checkbox"/> Other Early Intervention Program:						
Would you like your child to be evaluated for early Intervention? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Do you have any concerns about your child's development?: Please explain:						
PARENT/GUARDIAN INFORMATION						
First Name:		Last Name:		Relationship to Child:	Email Address:	Cell Phone:
Occupation:		Employer & Work Address		Work Hours:	Home Address:	
First Name:		Last Name:		Relationship to Child:	Email Address:	Cell Phone:
Occupation:		Employer & Work Address		Work Hours:	Home Address:	

As a legal guardian of the applicant, I certify all the above information is true and correct. I understand this information is being provided for preschool placement and administrative purposes. I also understand that Reggio & Co. Administration may verify the information on this form and deliberate misrepresentation will jeopardize my child's placement with Reggio & Co.

NAME SIGNATURE DATE

Reggio & Co. preschool applications will be protected as proprietary data. School Administrators use this information to determine the eligibility of the applicant for placement in our program and to provide necessary information to our staff for school-related purposes only. The name and status of your child may be provided to Maryland State Licensing Officials, if requested, as part of maintaining Reggio & Co.'s license to operate; however, no other use of this information is permitted without the consent of the primary guardian. Please report any misuse of data to info@reggioandco.com. Reggio & Co. makes the promise to investigate any situation and take appropriate action, up to and including termination of employee(s) involved and legal action against ex-employee(s), if warranted.