



THE NEW SCHOOL
AT CHAMBERS BAY

Application

Date: _____ School Year: _____ Desired Start Date: _____

Child's First Name: _____ Middle: _____ Last Name: _____

Address: _____

Student Birthdate: _____ Gender: _____ Ethnicity: _____

Birth City: _____ Birth State: _____ Birth Country: _____

Primary Language: _____ Private Pay or Subsidy : _____ Military Family: _____

Type of Program Desired (circle one): Infant Toddler PreK Kinder Prep

Which Days are Needed for Care (Circle all that Apply): M T W Th F

Has your child previously attended another school? _____ Current Church (if applicable): _____

Does this applicant have a parent that is a staff member at The New School? _____

Are there financially responsible parents in two separate households? _____

How did you hear about The New School at Chambers Bay? _____

What are your child's interests?

First Parent/Guardian in Primary Household

Name: _____ Phone: _____

Primary Home Address: _____

Email: _____

Custodial Rights? _____ Marital Status: _____

Highest Level of Education/Degree: _____ School Name: _____

Employment Status: _____

Second Parent/Guardian in Primary Household

Name: _____ Phone: _____ Email: _____

Secondary Household Information

Name: _____ Phone: _____ Email: _____

Address: _____

Student Information

Siblings? _____ Ages: _____

Age child began talking: _____ Does your child speak another language: _____

Does your child use any unique words or phrases to express wants or needs? _____

Would you describe your child as active or quiet? _____

What are your child's favorite toys? _____

Does your child have any special fears? _____

Has your child had play experience with other children? _____

Has your child had previous experience in a daycare/preschool setting? _____

Does your child know any other students at our center? _____

Does your child feed themselves? _____ General attitude towards eating? _____

Special likes: _____ Special dislikes: _____

Any dietary restrictions? _____ Allergies? _____

Potty trained? _____ If so, at how many months old? _____

Can your child be relied on to indicate his/her own bathroom needs? _____

Does your child take an afternoon nap? _____ If so, how long? _____

How long does your child sleep at night? _____

Methods to help child settle for sleep: _____

Methods parents find most effective in dealing with good behavior?

Methods parents find most effective in dealing with misbehavior?

Any additional information we should know about?
