



Kids Habitat 4
13830 Castle Blvd, Silver Spring, Maryland 20904
240-293-6086

www.kidshabitat4.com

APPLICATION FORM

Name of the Child: _____

(Last, First)

Date of Birth: _____

Starting date: _____

(Month/Day/Year)

ABOUT THE FAMILY

Family Name: _____

Home Phone: _____

Home Address: _____

WHO DOES THE CHILD LIVE WITH? (Please Circle)

Mother Father Other: (Please specify)

Who should be contacted in an emergency? _____

List all members of the child's household including parents, siblings, grandparents (if living in same home), etc. Please include ages of any children and indicate if they are also applying for admission to the Kids Habitat II.

1. _____

2. _____

3. _____

4. _____

Is English the primary language used in the home? If not, please specify primary language: _____



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ABOUT THE USE OF OUR PROGRAM

How did you hear about our program? _____

Who will usually pick up the child? _____

Is there anyone other than a parent who may pick-up the child on a daily basis?

Is there anyone that should be denied access to the child for legal or other reasons?

ABOUT YOUR CHILD

What can you tell us about your child's experiences with playmates?

With adults? _____

How does he/she handle conflict? _____

Any fears? _____

Favorite activities? Does your child have any disabilities, illnesses, allergies, and history of seizures? If so, please list/describe.

Does your child take any medication regularly/are there any special instructions regarding your child's health requirements?



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Please describe your child's personality and development briefly.

What are your expectations from Kids Habitat II and its staff? How do you feel we can serve your child and you during his/her enrollment with us?

Parent(s) Signature(s) Date

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