



The Little Brown School
Building the foundation for a lifetime of learning.

Enrollment Form
2016-2017

Please submit by one of the following methods:
e-mail: jw@thelittlebrownschool.com
802 15th Street, Port Royal, SC 29935
fax: 866-805-8810

Applying for: _____ Ones _____ Twos _____ Threes _____ Fours
(Select the age that your child will be on September 1, 2016.)

Full-Time _____ Part-Time MWF _____ Part-Time T/Th _____
(Please note: Part-time options are only available for the Ones and the Twos classes.)

Enrollment fee: \$250 Due at time of **acceptance**. This is a one-time non-refundable fee. Available spaces are offered in March. Applications received after February 28th are added to the waiting list, and enrollment is offered to those children on a space-available basis throughout the year.

How did you hear of The Little Brown School? _____

I. Child Information:

Child's Last name _____ First _____ Middle _____ Birth Date _____ Gender _____

Name Child Goes By _____

II. School Experiences

Indicate dates and types of group experiences or previous preschool / daycare your child has had or is now having.

Kindergarten Preferences. Please indicate which of the following Kindergarten programs you plan to apply for (# in order of preference and put n/a if you do not think you would apply to that program)

- ____ Riverview Charter School
- ____ Bridges Preparatory School (charter school)
- ____ Beaufort County Public School for which my child is zoned
- ____ Holy Trinity School
- ____ Beaufort Academy
- ____ Lowcountry Montessori School (charter school)
- ____ St. Peters Catholic School
- ____ other _____

Sibling School Information

name	age	grade	school attending
name	age	grade	school attending
name	age	grade	school attending
name	age	grade	school attending

Does your child know any other children applying to or attending The Little Brown School? _____

If so, whom? _____

III. Address/ Family/ Business Information:

Home address _____ City/town _____ Zip code _____

Home phone _____ Mailing Address (if different) _____

Fathers' Name _____ Mothers' Name _____

Employed by _____ Employed by _____

Occupation / Position _____ Occupation / Position _____

Work phone _____ Work phone _____

Mobile phone _____ Mobile phone _____

Email _____ Email _____

List all persons living in the same home as the child.

Name	relationship	sex	age

Parents' Relationship

_____ married (or living jointly) _____ separated _____ divorced

If separated or divorced, who has primary custody? (if joint custody, please describe the arrangements).

IV. Child's Interest and Activities at Home

Does your child prefer to play alone____, with playmates____, with siblings____. with adults____?

Does your child have imaginary playmates____? Does your child have pets? _____

What are your child's favorite outdoor activities?

List your child's favorite toys, or comfort object, play equipment, and books:

List TV programs your child watches:

List your child's favorite foods:

Would you classify your child as a good____, average____, or poor____ eater?

Does your child nap during the day? _____ If so, when_____?

Is your child toilet-trained? _____ Yes _____ No

Can your child decide when s/he needs to go to the bathroom or does he need a reminder? (circle one)

V. Guidance and Behavior

Would you judge your child to be: easily managed____ fairly easily managed____ difficult to manage_____

Are any special circumstances in the family which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.)? Please explain:

What concerns do you have about your child's present behaviors?

What are you doing about those concerns?

In what way would you like to see your child develop during this next year in our program?

What else would you like us to know about your child?

VI. Child's Health Record

**** List all Allergies:**

Is your child presently taking any medication on a regular basis? ___Yes ___No

If yes, name the medication(s) and associated problem:

a. _____
b. _____
c. _____
d. _____

Does your child have any special needs? _____ If so, please describe:

Is he/she currently participating in any type of therapy or counseling? _____

If so, please describe:

Date

Parent's Signature