

The Little Brown School

Building the foundation for a lifetime of learning.

Application for Enrollment

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

Today's Date:

Ones Twos Threes Fours
(Indicate which class corresponds to his/her age on September 1 of the school year for which you are applying.)

Full-Time (M-F)

Part-Time MWF

Part-Time T/Th

*Full-time applicants are given preference over part-time applicants. All options are full-day (7 a.m. to 6 p.m.).

We ask that all students attend at least from 8:50-2:30 on a regular basis.

Please note: Part-time option is only available for the Ones and the Twos classes.

All children must be registered as full-time students for the 3s and 4s.

Enrollment fee: \$250, due at time of **acceptance**. This is a one-time non-refundable fee.

Applications are accepted throughout the year. Acceptance decisions for the upcoming school year (August - August) are made throughout the spring and summer depending on space available.

How did you hear of The Little Brown School?

Do you know anyone who has attended, currently attends or is an employee at The Little Brown School?

If so, who?

CHILD INFORMATION

Last Name First Middle Birth Date Gender

Name Child Goes By

SCHOOL EXPERIENCES

Indicate dates and types of group experiences or previous preschool /daycare experiences. Include names of schools/daycares where applicable.

How did you choose your child's current (most recent) program / arrangement?

Please rate your child's current (most recent) program / child care (scale 1-10)

(10 being best)

In what areas does your child's current program do well or excel?

What are your main concerns/dislikes about his/her current program?

What have you done to address these issues?

Preschool Plans

Do you expect to live in the area (Beaufort/Port Royal) through your child's graduation from preschool?

If not, why not?

Do you intend for your child to attend a different pre-K or 3K program (i.e., not The Little Brown School)?

If yes, what program do you intend to transfer to and why?

Kindergarten Preferences. Please indicate which Kindergarten programs you plan to apply for (# in order of preference and put and X 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 preschool/daycare attended / # of years

FAMILY INFORMATION

Home address	City/town	Zip code
Mother's Name	Father's Name	
Mother Employed by	Father Employ	red by
Occupation / Position	Occupation / I	Position
Household Information: Please list all p	ersons who live in the s	ame household as the child.
Name	relationship	gender age

Parents' Relationship

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

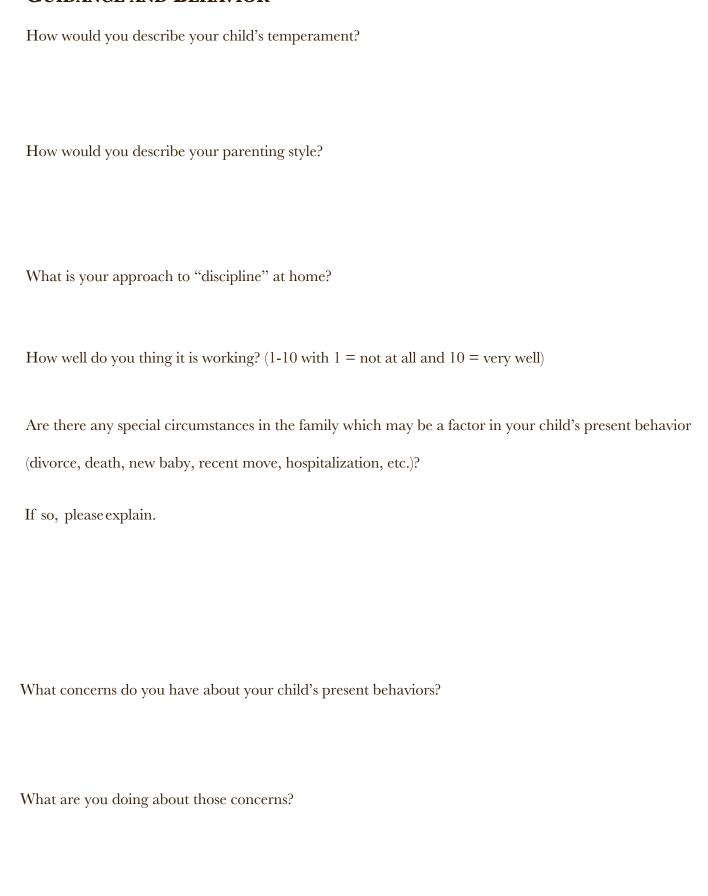
If separated ordivorced, who is responsible for making decisions about the child's education, and are both parents involved in the decision to apply to The Little Brown School?

If separated or divorced, who is financially responsible for the child's education and care?

CHILD'S INTERESTS AND ACTIVITIES AT HOME

Does your household have pets?	If so, howmany and what kinds?	
What do you like to do with your child during yo	our free time?	
How much time does your child spend time outo	doors each day?	
What kinds of outdoor activities does your child and/or family enjoy?		
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At what age do you plan to enroll your child in s	wimming lessons?	
Does your child watch TV/electronic programm If so, what programs and for how much time on	ning (including online, on tablet, on a phone)? a average each day?	
Do you expect your child to have access to techn	nology (tablets or computers) in preschool?	
Please explain why or why not.		
What does your child eat and drink at home?		
Does your child have any special dietary needs of	or preferences ?	
If yes, please explain.		

GUIDANCE AND BEHAVIOR



CHILD'S HEALTH RECORD

Is your child up to date on all vaccines and immunizations? If no, please explain.	
List all Allergies:	
Is your child presently taking any medication on a regular b	pasis?
If yes, name the medication(s) and reasons for taking them	:
Does you child have any special needs?	If so, please describe:
Is he/she currently in any type of therapy (speech, PT, OT, If so, please describe:	food, behavioral) or counseling?

OTHER What do you think is the most important aspect of preschool education? Why have you chosen to apply to The Little Brown School? In what ways would you hope to see your child develop during this next year? What else would you like us to know about your family and child? Which other preschools are you considering? Indicate if you are on a waiting list at any of them. If your child is accepted at The Little Brown School, do you agree to remove your child's applications from all other programs? What is the preferred way to contact you about your child's application? (# from 1-4) LBS will contact you via email unless otherwise specified.) e-mail to

text to

phone

phone 2

Date

Parent Signature