



Parent/Child Program Application for Admission

The most successful educational experience for the child comes when home life and school life work in a harmonious fashion, providing a solid base from which the child can be in the world. This is what we strive for here at City Of Fountains School. As you answer the questions below, please understand that these questions are helpful for our teachers, in understanding your child's rhythm (order of their day). This rhythm carries into the classroom each day and as teachers, we can help the child integrate into school if we know more about your family life.

The young child's development of creativity happens when they can picture, envision and see inwardly. Studies show that this delicate ability is overwhelmed by the bombardment of media, in all its forms. Therefore, we ask you about your media usage. This is not a test, just a way to understand your child and family better. Thank you for taking the time to assist us in getting to know you and your child!

For the 2022/23 school year, we are offering Three Sessions of our beloved program: Fall (outdoors), Winter (indoors- TBD), Spring (outdoors). In order to enroll, you must select the days/ sessions that you would like to participate in with your child **for the entire school year**. If you enrolled prior to May 31st, your affiliation fee will be credited to your tuition.

Sessions:

Fall (Cave Spring Park) 10 weeks: September 6th- November 10th

- 2 Days (Tu, W, Th)
- 1 Day (Tu, W, Th)

Winter (indoors at City of Fountains School): TBD

Spring (Cave Spring Park) 8 weeks: April 3rd- May 25th

- 2 Days (Tu, W, Th)
- 1 Day (Tu, W, Th)

Applicant (Child) Information

Full Name

Preferred Nickname

Date of Birth

Race (optional):

Male Female

Parent/Guardian Information

Parent/Guardian 1 Mr. Mrs. Ms. Parent/Guardian 2 Mr. Mrs. Ms.
Sole legal custody Joint legal custody of student Sole legal custody Joint legal custody of student

Address	Address
City, State, Zip	City, State, Zip
Home Phone	Home Phone
Occupation or Position	Occupation or Position
Place of Employment	Place of Employment
Work Phone	Work Phone
Cell Phone	Cell Phone
Email Address	Email Address

Alternate Emergency Contact #1
Name _____
Relationship to child _____
Phone: home _____
mobile _____
work _____
OK to pick up child from school? Yes__ No__

Alternate Emergency Contact #2
Name _____
Relationship to child _____
Phone: home _____
mobile _____
work _____
OK to pick up child from school? Yes__ No__

Family Information

Applicant's Sibling(s): Birth Date, School Attending, Grade Level

How did you hear about our school?

Home and Family Rhythms

Does your child nap during the day? If so, what time and how long? _____

What time does your child go to bed on weekdays/weekends? _____

What, if any, are the bedtime rituals? _____

Does your child fall asleep easily? _____ Does he/she sleep through the night? _____

Does your child eat breakfast? What does he/she eat? Describe eating habits:

Do you or your child follow any special diet? _____

COFS encourages families to limit their media usage with children. Does your family value media as an educational tool or form of entertainment? Why or why not? What does your child's media use look like and for how long each week does your child use screen media?

Is there any additional information you would like to share with regard to any academic, physical, medical or other issues/needs that your child has? (All enrolled students will be asked to submit a confidential medical history form).

General Information A nonrefundable fee of \$50 (per *new* family) must accompany this application. Applicants are considered for admission without regard to race, religion, ethnic origin, or gender.

Parent Signature: _____ Date: _____

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