

**PEACE OF MIND KINDERGARTEN
APPLICATION FOR ADMISSION 2016 -2017**

Office Use Only: Date Received _____

PLEASE PRINT:

Student's name: _____ Date of birth: _____
first middle last month date year

Prefers to be called (nickname): _____

Home address: _____ Phone: _____

City: _____ State _____ Zip code _____

Grade applying for: _____ Gender: M F Citizenship: _____

Present school: _____ Telephone _____

School address: _____

City: _____ State _____ Zip code _____

Other schools attended during the past five years: _____

Please list two current teachers, or one current teacher and one from the recent past, who would serve as references for your child.

1. _____

2. _____

FAMILY INFORMATION

Parent Name: _____
Home Address: _____

Parent Name: _____
Home Address: _____

Home Telephone: _____

Home Telephone: _____

Email: _____

Email: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Business Telephone: _____

Business Telephone: _____

Family situation, such as divorced, separated, custody, other: _____

(Optional) List the names, ages, and schools of the applicant's brothers and sisters. Please circle the names of any who are also applying for admission here. _____

Would you be interested in need based financial aid if it were to become available? Yes _____ No _____

How did you hear about our school? _____

STUDENT INFORMATION

What are your child's interests and talents? _____

Has your child been a member of an organized group or team? If so, please describe. _____

Non-English language education or background: _____

Have diagnostic evaluations (educational or psychological) ever been completed for your child? _____

If so, when? _____

Has your child had remedial work, special tutoring, or enrichment classes during the past two years? _____

If so, in what academic areas? _____

Has your child repeated or advanced a grade? _____

Physical challenges (sight, hearing, speech, mobility, severe allergies, special medicines, etc.): _____

Has an IEP ever been done for your child? If so, why? _____

PARENT EVALUATION:

How would you describe your child's school experience? _____

Are there particular areas where we might be able to give special help and encouragement to your child? _____

What benefits do you hope your child would derive from attending Peace of Mind? _____

Additional Comments: _____

Optional: To which other schools is your child applying? _____

My signature indicates that all information in this application is complete, factually correct and honestly presented.

Signature: _____ Date: _____

Please enclose a \$145.00 application fee and return this form to the school office. Other materials needed to complete the admissions process will be sent upon receipt of the application.

Please mail to: Peace of Mind Daycare
Attention: Admissions Office
9025 Tamarack Road
Woodbury, MN 55125

Phone: 651.731.2608

Email: info@peaceofminddaycare.com