

**PEACE OF MIND KINDERGARTEN  
APPLICATION FOR ADMISSION 2017-2018**

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](mailto:info@peaceofminddaycare.com)