

**South Park School District**  
**South Park High School**  
**Family and Consumer Sciences Department**  
**Eagle Ridge Child Development Center**  
2005 Eagle Ridge Road  
South Park, Pennsylvania 15129  
Phone: 412-655-3111

**Application Form-**

**\*\*Please circle which session you are requesting\*\*:**

Monday/Wednesday- 3 years of age by September 1, 2019

or

Tuesday/Thursday- 4 years of age by September 1, 2019

**CHILD'S NAME:** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

NAME CHILD IS CALLED \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ SEX \_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **DAYTIME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **DAYTIME PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**IS YOUR CHILD ADOPTED?** \_\_\_\_\_ **HAVE THEY BEEN INFORMED?** \_\_\_\_\_

**OTHER PERSONS LIVING IN THE HOME: AGE, SEX, and RELATIONSHIP:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HAS YOUR CHILD EVER BEEN SEPARATED FOR ANY LENGTH OF TIME FROM THE PARENTS (SUCH AS VACATIONS, ILLNESS, ETC.)?**  
\_\_\_\_\_

HOW DID HE OR SHE ADJUST? \_\_\_\_\_

WHAT IS YOUR CHILD'S USUAL BEDTIME? \_\_\_\_\_ WAKING TIME? \_\_\_\_\_

DOES YOUR CHILD TAKE A MORNING OR AFTERNOON NAP REGULARLY? \_\_\_\_\_

HOW LONG? \_\_\_\_\_

IS YOUR CHILD USUALLY HUNGRY AT MEALTIMES? \_\_\_\_\_

IS THERE ANYTHING UNUSUAL ABOUT YOUR CHILD'S EATING HABITS THAT YOU BELIEVE WE SHOULD KNOW?  
\_\_\_\_\_

IS YOUR CHILD TOILET TRAINED? \_\_\_\_\_ IS HE/SHE DEPENDABLE? \_\_\_\_\_

HOW DO THEY STATE THEIR NEED? \_\_\_\_\_

IS SPEECH CLEAR TO THOSE OUTSIDE THE FAMILY? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? \_\_\_\_\_

DOES YOUR CHILD PLAY ALONE? ALWAYS \_\_\_\_\_ OFTEN \_\_\_\_\_ SELDOM \_\_\_\_\_

DOES YOUR CHILD LIKE TO PLAY WITH OTHERS? \_\_\_\_\_

ARE THE PLAYMATES: GIRLS \_\_\_\_\_ BOYS \_\_\_\_\_ YOUNGER \_\_\_\_\_ OLDER \_\_\_\_\_

DOES YOUR CHILD HAVE AN IMAGINARY PLAYMATE? \_\_\_\_\_

WHAT PLAY MATERIALS DOES HE/SHE USE MOST INDOORS? \_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD CURRENTLY ATTENDING ANOTHER PRESCHOOL? \_\_\_\_\_

IF SO, WHERE AND WHAT DAYS? \_\_\_\_\_

WHEN YOU FIND IT NECESSARY TO DISCIPLINE YOUR CHILD, WHAT DO YOU USUALLY DO?  
\_\_\_\_\_

TRANSPORTATION TO AND FROM THE CENTER:

TO: (WITH WHOM) \_\_\_\_\_

FROM: (WITH WHOM) \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT)

\_\_\_\_\_  
(DATE)