



Parent Questionnaire

A Sweet Start is located at Sweet Charlotte's
10255 Main St. Clarence, NY 14031
www.sweetcharlottes.org



Child's Name: _____ **D.O.B.** _____ **Sex:** M F

Nickname (if any): _____

Address: _____

Mother's name: _____ **Marital Status:** _____

Address (if different from child's) _____

Occupation: _____

Employer name and address: _____

Phone number: home _____ cell _____ work _____

Email: _____

Father's name: _____ **Marital Status:** _____

Address (if different from child's) _____

Occupation: _____

Employer name and address: _____

Phone number: home _____ cell _____ work _____

Email: _____

Siblings' names and ages:

Please list (in order) the phone numbers of those to call in the event of an emergency (we will assume to call parent's first)

1. Name: _____ Relationship to child _____

Phone number(s): _____

2. Name: _____ Relationship to child _____

Phone Number(s): _____

3. Name: _____ Relationship to child _____

Phone Number(s): _____

4. Name: _____ Relationship to child _____

Phone Number(s): _____

Medical History:

Does your child have any allergies? If yes, please list: _____

If yes, does your child require an epi-pen? Y N

Does your child have (or had) any medical conditions that you would like us to be aware of? Y N

If yes, please describe: _____

Pediatrician Info: * immunization record is required before the start of the school year. Your child CANNOT begin school until we have this on file*

Doctor's Name: _____

Address: _____

Phone: _____

In the event of an emergency, which hospital would you prefer? _____

Social:

Has your child attended any structured program before? (ex. Another preschool program, music class, mommy and me class, daycare) Please list.

What activities does your child enjoy? Favorite toys? Favorite games?

Please list 5 words that best describe your child

- 1.
- 2.
- 3.
- 4.
- 5.

What are your child's strengths?

What would you like your child to work on while at *A Sweet Start*?

Is there anything else you'd like us to know about your child?

Pick-up Authorization

The following people have my permission to pick up _____ from *A Sweet Start*. Please note anyone authorized to pick up a child from *A Sweet Start* may be required to show photo i.d. at the door. We will not release any child to anyone other than the child's parent/guardian or anyone on the pick-up list.

1. Name:

Address:

Phone:

Relationship to child:

2. Name:

Address:

Phone:

Relationship to child:

3. Name:

Address:

Phone:

Relationship to child:

4. Name:

Address:

Phone:

Relationship to child:

Parent/Guardian Signature: _____

Registration

Four year olds

4 year olds: M,T,W,TH a \$100 non-refundable deposit is due with the registration

I'd like to register _____ for the 2020-2021 school year. I understand this program runs Mondays, Tuesdays, Wednesdays and Thursdays from 9am-12pm.

Tuition: \$3500/year. I would like to pay: (check one)

_____ in full (3% discount for payments made in full)

_____ by semester (2 payments of \$1750)

_____ quarterly (4 payments of \$875)

- All students will receive a 10% discount off birthday parties and open play as well.
- A Sweet Start will generally follow the Clarence School calendar with regards to holidays, breaks and snow days.

Parent Signature: _____

Registration

Three year olds

***There are two options for the three year old class. Please choose one.**

_____ **3 year olds: M, W, F**

I'd like to register _____ for the 2020-2021 school year. My child will attend the three year old program which runs Mondays, Wednesdays and Fridays from 9am-12.

Tuition: \$ 3200/year. I would like to pay: (check one)

_____ in full (3% discount for payments made in full)

_____ by semester (2 payments of \$1600)

_____ quarterly (4 payments of \$800)

_____ **3 year olds: T/TH**

I'd like to register _____ for the 2020-2021 school year. My child will attend the three year old program which runs Tuesdays and Thursdays from 9am-12.

Tuition: \$ 2700/year. I would like to pay: (check one)

_____ in full (3% discount for payments made in full)

_____ by semester (2 payments of \$1350)

_____ quarterly (4 payments of \$675)

- All students will receive a 10% discount off birthday parties and open play as well.
- A Sweet Start will generally follow the Clarence School calendar with regards to holidays, breaks and snow days.

Parent signature: _____

Registration

Two year olds

***There are two options for the 2 year old class. Please choose one.**

_____ **2 year olds: T/Th** a \$100 non-refundable deposit is due with the registration.

I'd like to register _____ for the 2020-2021 school year. I understand this program runs Tuesdays and Thursdays from **9:30-11:30**.

Tuition: \$2500/year. I would like to pay: (check one)

_____ in full (3% discount for payments made in full)

_____ by semester (2 payments of \$1250)

_____ quarterly (4 payments of \$625)

_____ **2 year olds: M/W** a \$100 non-refundable deposit is due with the registration.

I'd like to register _____ for the 2020-2021 school year. I understand this program runs Mondays and Wednesdays from **9:30-11:30**.

Tuition: \$2500/year. I would like to pay: (check one)

_____ in full (3% discount for payments made in full)

_____ by semester (2 payments of \$1250)

_____ quarterly (4 payments of \$625)

- All students will receive a 10% discount off birthday parties and open play as well.
- A Sweet Start will generally follow the Clarence School calendar with regards to holidays, breaks and snow days.

Parent signature: _____