



Auke Lake Preschool Waitlist Application

Basic Applicant Information

Child Name: (One application per child)	
Age and Birth Date:	
Toileting Stage:	<input type="checkbox"/> Mastered skills <input type="checkbox"/> diapers or pullups
Parent 1 Name:	
Phone Number:	
Email Address:	
Place of Employment:	
Physical Home Address:	
Parent 2 Name:	
Phone Number:	
Email Address:	
Place of Employment	
Physical Home Address:	

Availability

1. Will you be needing full time, part time, or drop-in childcare?

2. When do you need to start care and for how long?

3. Does your family utilize subsidy benefits for childcare?

4. Between the hours of 7:30am to 5:30pm when will you be needing childcare?

5. During which days are you requesting childcare?



Monday _____ Thursday _____
Tuesday _____ Friday _____
Wednesday _____ other _____

Daily Structures/Routines/Habits

Please describe normal eating, napping, and play habits or routines and any special needs or medical details we should be aware of:

Social Behaviors:

Please help us get to know your little one by briefly describing behaviors, temperament, and tendencies:
1. Has your child been in a communal environment with multiple- multi-aged children before, and how do they typically respond?
2. How does your child respond to conflict and are they able to most of the time positively respond to outside direction and assistance to regulate feelings?
3. Does your child have any history of aggression, violent or inappropriate behavior towards themselves, adults, or peers?

Childcare References:

Please list your previous two care givers or childcare providers and the reason for leaving childcare:

Providers, and Reasons for leaving:

- 1.
- 2.

May we contact them?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a client for childcare, any false statements, omissions, or other misrepresentations made by me on this application may result in amendments to standing agreements. The submission of this application does not guarantee childcare but the review of this application and others to determine approval.

This application is valid for 6 months, at which point an updated version will be requested and this original will be archived.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this corporation to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in joining our program family! **Please email your complete application to: owner@aukelakekids.com**

We will do our best to get back to you within 5 business days.

