



Nurturing Minds Preparatory Academy Enrollment Application

Upon completion email this application along with your child's immunization records to
nurturingmindsacademytx@gmail.com

Date _____

Child's Name _____

Child's Nickname (if applicable) _____

Child's Date of Birth (mm/dd/yyyy) _____

Address _____

Contact Info:

Mom's Full Name _____

Dad's Full Name _____

Guardian's Full Name (if applicable) _____

Mom's Cell Phone _____

Work Phone _____

Email Address _____

Father's Cell Phone _____

Work Phone _____

Email Address _____

Guardian's Cell Phone (if applicable) _____

Work Phone _____

Email Address _____

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

Do you have a backup care provider? If yes, please provide their contact phone number and address _____



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Service Info:

Beginning date care of child required (mm/dd/yyyy): _____

Our hours of operations are Monday from Friday 7am to 6pm. Do these hours of operations fit your childcare needs? _____

Times you plan to drop your child off: _____

Times you plan to pick up your child: _____

Your Child's Health

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health (Great / Minor Concerns / Worrysome):

Pediatrician's Name _____

Phone number _____

Dentist's name _____

Dentist's Phone Number _____

Are your child's immunizations up to date? _____ (Please attach a copy of immunizations. Please note Covid-19 vaccination is not required)

Does your child have any known allergies? Please list:

Are you concerned that your child may be prone to any type of allergies? Please list _____

Does your child have any medical conditions which I should be made aware of?



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Has your child had the following common childhood illnesses? (*Please circle*)

- | | |
|-------------------------|----------------|
| Constipation | Asthma |
| Convulsions | Bronchitis |
| Diarrhea | Chicken Pox |
| Fainting Spells | Diabetes |
| Frequent Colds | Heart Disease |
| Frequent Ear Infections | Hepatitis |
| Frequent Sore Throats | Impetigo |
| Lice | Measles |
| Ringworm | Mumps |
| Skin Rash | German Measles |
| Soiling | Polio |
| Stomach Upsets | Scarlet Fever |
| Urinary Problem | Tuberculosis |
| Worms | Whooping Cough |
| Not Mentioned _____ | |

Does your child have any speech, hearing or visual problems?

Would there be any restrictions to play or activities?

About Your Child

Why are you looking for childcare?

Has your child ever been in childcare before? _____ What type (center, family daycare, grandma etc.) _____

Was it a positive experience?

How does your child feel about daycare and being left by his/her mommy/daddy?



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Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

What is your normal method of discipline? Any behavioral issues?

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, history of biting, etc.

Are there any food restrictions?

What is your child's favorite food?

What food does your child dislike?

Can your child be relied upon to indicate bathroom wishes (aka potty trained)?

What words does your child use for:

Bowel movements _____ urination _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Are there any siblings? Please name them and specify ages and gender

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____



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Any concerns with photographs being taken of your child? These photographs are utilized to update you with your child's daily activities and may be used on social media to showcase special school events or holidays.

Has your child had experience playing with other children?

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Any specific concerns?
