

# Leaders Tomorrow 2 Preschool

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## ENROLLMENT APPLICATION

|   |  |  |                            |              |  |      |                |        |       |     |
|---|--|--|----------------------------|--------------|--|------|----------------|--------|-------|-----|
| <b>CHILD APPLICANT INFORMATION</b>          |  |  |                            |              |  |      |                |        |       |     |
| Last Name                                   |  |  |                            | First        |  |      |                | M.I.   | D.O.B | Sex |
| Street Address                              |  |  |                            |              |  |      | Apt/Unit #     |        |       |     |
| City  |  |  |                            | State        |  |      |                | ZIP    |       |     |
| <b>PARENT/GUARDIAN INFORMATION – MOTHER</b> |  |  |                            |              |  |      |                |        |       |     |
| Last Name                                   |  |  |                            | First        |  |      |                | M.I.   |       |     |
| Street Address                              |  |  |                            |              |  |      | Apt/Unit #     | D.O.B. |       |     |
| City  |  |  |                            | State        |  |      |                | ZIP    |       |     |
| Home Phone                                  |  |  | Cell Phone & Phone Carrier |              |  |      | Email Address  |        |       |     |
| Occupation                                  |  |  | Business Name              |              |  |      | Business Phone |        |       |     |
| Business Address                            |  |  |                            |              |  | City |                | State  |       | ZIP |
| <b>PARENT/GUARDIAN INFORMATION – FATHER</b> |  |  |                            |              |  |      |                |        |       |     |
| Last Name                                   |  |  |                            | First        |  |      |                | M.I.   |       |     |
| Street Address                              |  |  |                            |              |  |      | Apt/Unit #     | D.O.B. |       |     |
| City  |  |  |                            | State        |  |      |                | ZIP    |       |     |
| Home Phone                                  |  |  | Cell Phone & Phone Carrier |              |  |      | Email Address  |        |       |     |
| Occupation                                  |  |  | Business Name              |              |  |      | Business Phone |        |       |     |
| Business Address                            |  |  |                            |              |  | City |                | State  |       | ZIP |
| <b>CHILD'S PRIMARY DOCTOR INFORMATION</b>   |  |  |                            |              |  |      |                |        |       |     |
| Last Name                                   |  |  |                            | First        |  |      |                |        |       |     |
| Street Address                              |  |  |                            |              |  | City |                |        | State |     |
| ZIP CODE                                    |  |  |                            | Phone Number |  |      |                |        |       |     |

|                    |  |  |      |  |
|--------------------|--|--|------|--|
| Parent's Signature |  |  | Date |  |
|--------------------|--|--|------|--|

## CHILD DEVELOPMENTAL INFORMATION

### EATING HABITS

Is your child right handed or left handed?

RIGHT HANDED ☐

LEFT HANDED ☐

|  | YES | NO | SOMETIMES | IF SO, WHEN |
|--|-----|----|-----------|-------------|
| Does your child take a bottle?                   |     |    |           |             |
| Can your child feed him/herself?                 |     |    |           |             |
| Does your child use utensils?                    |     |    |           |             |
| Does your child have trouble chewing solid food? |     |    |           |             |
| Does your child have a good appetite?            |     |    |           |             |

### TOILETING HABITS

|  | YES | NO | SOMETIMES | IF SO, WHEN |
|--|-----|----|-----------|-------------|
| Is your child potty trained?                                 |     |    |           |             |
| Does your child know how to clean self after toileting?      |     |    |           |             |
| Will your child inform the teacher if he/she has wet/soiled? |     |    |           |             |
| If your child is a boy, will he urinate standing up?         |     |    |           |             |

What word(s) does your child use for urination?

Bowel Movements?

Does your child have any difficulties regarding toileting (fears, constipation)? If so, please explain.

### SLEEPING HABITS

|  |  |               |               |
|--|--|---------------|---------------|
| Does your child nap daily?   |  | At what time? |               |
| Does your child sleep at naptime?  |  |               |               |
| Does child usually take anything to bed with him/her?  |  |               |               |
| Does your child sleep in a crib?   |  | Own bed?      | Parent's bed? |
| Does your child have any difficulties regarding sleeping (nightmares, fears)? If so, please explain. |  |               |               |

### SOCIAL RELATIONSHIPS

|  |                              |                             |            |
|--|------------------------------|-----------------------------|------------|
| At what age did your child begin to walk?                      |                              | Talk?                       |            |
| Does your child stutter?                                       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |            |
| Does your child use words?                                     |                              | Phrases?                    | Sentences? |
| Has your child had experiences in playing with other children? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |            |
| By nature is your child friendly?                              |                              | Aggressive?                 | Shy?       |
|  |                              |                             | Withdrawn? |
| Does your child get along with his/her brothers and sisters?   |                              | Other Adults?               |            |