



Early Learning Academy

**Application**

[www.elasacademy.com](http://www.elasacademy.com)

201.793.8949

*Please  
attach a  
recent photo  
of your child*

**Requested Start Date** \_\_\_\_\_

Student's full name: \_\_\_\_\_ Male ( ) Female ( )

Nicknames: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Does/Has any family member attend(ed) Early Learning Academy? If yes, give name(s) and relationship.

\_\_\_\_\_

Your child's present school & dates of enrollment \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Program Sessions (check all that you may be interested in):**

- 5 Full Days 8:30am-5:30pm
- 3 Full Days; M,W,F 8:30am-5:30pm
- 2 Full Days; Tue, Thu 8:30am-5:30pm
- Morning Sessions 8:30am-12:30pm
- Afternoon Sessions 2:30pm-6:30pm

\*There is before care starting at 7:30am-8:30am and aftercare from 5:30pm-6:30pm

**Personal Development**

Has your child attended a preschool or child care program before?    Yes        No

Can your child feed her or himself using a spoon and/or fork?    Yes        No

Can your child wash and dry own hands?    Yes        No

Can your child Dress self with little assistance?    Yes        No

Can your child speak clearly?    Yes        No

Can your child express thoughts and needs easily?    Yes        No

Is your child toilet trained during the day?    Yes        No

**Health History**

Has your child ever had trouble seeing? Yes No

Has your child had frequent ear infections? Yes No

Does your child have allergies? Yes No

Has your child had any significant injuries or hospitalizations? Yes No

Is your child presently on any medications? Yes No

If you responded "yes" to any of the above, please explain. Also, describe any other health concerns.

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**Parent/Guardian Information**

**Mother's full name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Languages spoken \_\_\_\_\_

**Father's full name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Place of employment: \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Languages spoken \_\_\_\_\_

**Declaration**

Please attach/enclose the application fee of \$49.00 (in the form of cash or check) with your application. This fee is non-refundable, even if your child is not selected for enrollment. If our enrollment is full at the time you apply, we will call to schedule a parent observation along with a subsequent child visit, after which your application will be placed into our applicant pool. When an opening becomes available, applications will be selected randomly. ELA welcomes and considers all applications without regard to race, religion, or ethnic or national background.

I pledge that the information provided is truthful and accurate to the best of my ability. It is further understood that any misstatement or omission may result in denial of admission or enrollment.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_