

<b>For office use only:</b>	
Last Name:	_____
Child's Birthday:	_____
Date Received:	_____
Program Fee paid:	_____
Start date:	_____

**Blue Sky Kindergarten**  
**Morning Glory Parent/Child Play Group**  
**Application**

3046 11<sup>th</sup> St., Boulder, CO 80304  
 303-443-4965

Please complete and return as soon as possible with your program fee

Date of application \_\_\_\_\_

Class preference: 8:30-9:45 \_\_\_\_\_ 10:15-11:30 \_\_\_\_\_

Child's full name:

Date of birth:

Is your child walking unassisted / with help of furniture?:

Parent or Guardian #1 name:

Occupation:  
 Address:  
 Phone: (home)  
 Phone: (work)  
 Phone: (cell/pager)  
 email:

Parent or Guardian #2 name:

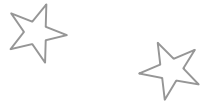
Occupation:  
 Address:  
 Phone: (home)  
 Phone: (work)  
 Phone: (cell/pager)  
 email:

Name and ages of siblings:



What do you value most about early childhood and parenting?

Why are you choosing this situation for your child? What are you hoping to find in this class for you and your child?



In a paragraph or two please describe you child: his/her interests, strengths, challenges, fears needs and social interactions.



Is there anything in particular we should know about your family – dietary restrictions, etc.?



**\*\* Please include or email a family photo with your application \*\***

*Thank you for your interest in our Morning Glory program. We would like to welcome your family into ours!*