



MVESC Little Farmers Academy
ENROLLMENT APPLICATION
 1592 Fairview Rd., Zanesville, Ohio 43701
 Phone: (740) 452-0101

Child's Name:

First _____ D.O.B. _____

Middle _____ Age _____

Last _____ Birth City _____

Race: ☐ White ☐ Black/Non-Hispanic ☐ Multiracial ☐ Hispanic ☐ Asian ☐ American Indian/Alaskan Native

Gender: ☐ Male ☐ Female

Address _____
 Street or PO Box _____ City _____ Zip _____

Phone _____ Email _____ County _____

Child lives with: Mother ☐ Yes ☐ No

Mother's Name _____ Is Mother employed? ☐ Yes ☐ No
 Birth Date _____ Employer _____
 (Mother's Maiden Name) _____

Child lives with: Father ☐ Yes ☐ No

Father's Name _____ Is Father employed? ☐ Yes ☐ No
 Birth Date _____ Employer _____

If child does **not** live with biological parent, who is the legal guardian?

Name _____ Relation to child _____ Birth Date _____

Other children and/or adults living in the home (***not previously listed***)

Name	Birth Date	Relationship to Enrolled Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** PLEASE TURN OVER TO CONTINUE***

Requested schedule:

Complete drop off and pick up time for requested days.

Leave blank or X for days care is not requested.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					
Before/after school only					

Is your child **fully** potty-trained? ☐ Yes ☐ No If no, does your child wear: ☐ diapers ☐ pull-ups

Infants only, please indicate which developmental stages he/she is currently at:

- ☐ sitting supported ☐ sitting unsupported
☐ crawling ☐ standing with assistance ☐ standing without assistance
☐ walking with assistance ☐ walking without assistance

Additional Notes: _____

Do you have any concerns or notice any possible delays in your child's development? ☐ Yes ☐ No

If yes, please explain: _____

If other than English, what is the primary language spoken in your home? _____

How did you hear about our program? _____

To enroll or be placed on a waiting list, **copies of the following verifications must be submitted with this application:**

1. **Child's Birth Certificate** (cannot accept birth/hospital record)
2. **Child's Current Immunization Record**
3. **Custody Papers**, if applicable

To the best of my knowledge, all the information given on this form is correct. Incorrect information could lead to the dismissal of my child from the program. I understand participation in the program is voluntary.

Parent/Guardian Signature _____ Date _____

Return to:

MVESC Little Farmers Academy
1592 Fairview Rd.
Zanesville, OH 43701

Email: Teresa Kocher at teresa.kocher@mvesc.org