

# ROOTS and FRUITS PROGRAM APPLICATION FORM for ADMISSION

Start Date: \_\_\_\_\_

Child's full name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex: \_\_\_\_\_ Gender: \_\_\_\_\_

Name child goes by: \_\_\_\_\_  
Child's home address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Child's home phone number: \_\_\_\_\_

## PARENT or GUARDIAN INFORMATION

Parent/Guardian # 1: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ Cell # \_\_\_\_\_  
Parent/Guardian #1 Address: \_\_\_\_\_  
Parent/Guardian #1 Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
Parent/Guardian #1 Employer Address: \_\_\_\_\_  
Parent/Guardian # 1 Email Address: \_\_\_\_\_  
Parent/Guardian #2: \_\_\_\_\_ (H) Phone: \_\_\_\_\_ Cell # \_\_\_\_\_  
Parent/Guardian #2 Address: \_\_\_\_\_  
Parent/Guardian #2 Employer: \_\_\_\_\_ Phone # \_\_\_\_\_  
Parent/Guardian #2 Employer Address: \_\_\_\_\_  
Parent/Guardian # 2 Email Address: \_\_\_\_\_

Do not list a parent who does not have permission to pick up the above named child. Please list three persons, other than the parent who have permission to pick up your child and may be called in the parent(s) absence or in an emergency situation. Only the person listed below will be able to pick up and transport your child. Proper identification will be required for the release of the child.

Name: _____	Relationship _____	Phone _____
Name: _____	Relationship _____	Phone _____
Name: _____	Relationship _____	Phone _____

Child lives with: Mother(s) \_\_\_\_\_ Father(s) \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

## FAMILY INFORMATION

Brothers and/or sisters (please indicate ages and whether they live with the child)

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Please list any other persons living with the child and their relationship (if any) to the child:

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Parent(s) / Guardian(s) is (are): Married  Never-been married  Separated   
Divorced  Widowed  Domestic Partners  Grandparent(s)  Foster Parent(s)   
Legal Guardian(s)  Other

Please explain the family pattern if the candidate does not live with both biological parents in one household. You may include information about adoption, foster care, guardianship, etc. If the child is adopted, is she/he aware of adoption?

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Has your child had any previous experience with a preschool?

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What are you looking for in a preschool?

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Does your child have any special needs/gifts that require accommodation by the provider? If so, please list:

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Is there any additional information that you want to share that would help your child or us at Roots & Fruits Preschool?

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I wish to enroll my child on the following days: \_\_\_ All \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F

**Program (check one)**

\_\_\_\_\_ Full Time – 7:30 PM – 5:30 PM

\_\_\_\_\_ Partial: 8:00 AM – 1:00 PM

**Payment Schedule (check one)**

\_\_\_\_\_ I wish to pay monthly on or before the 1<sup>st</sup> of the month  
on or before the 1<sup>st</sup> of each week.

\_\_\_\_\_ I wish to pay weekly

Application fee is \$ 35.00, this fee is Non-Refundable

Please make application fee checks payable to:

Roots & Fruits Preschool  
72 MacArthur Circle East  
South Portland, ME 04106

For Information call Roots & Fruits at: 347-7274 or email at: [vdearani@onetreecenter.org](mailto:vdearani@onetreecenter.org)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

