

# Academia de Mi Abuela (AMA)

## **FAMILY HISTORY AND CHILD WAITLIST APPLICATION**

\*To be placed in AMA's waitlist, please mail in your application along with a non-refundable application fee of \$25.00. Your check should be made out to AMA.

\*Attach a photograph of your child to this application. Thank you for your interest in AMA!

Child's First Name: \_\_\_\_\_, Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_, Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_, **TODAY'S DATE:** \_\_\_\_\_, Age: \_\_\_\_\_  
Favorite Color? \_\_\_\_\_, Favorite Pet?: \_\_\_\_\_ Favorite Place of  
Entertainment?: \_\_\_\_\_, Favorite Book?: \_\_\_\_\_ Favorite Song? \_\_\_\_\_  
Favorite dramatic play character (s): \_\_\_\_\_, Ed. Film? \_\_\_\_\_

### **Financial Aid (low-income families only) Family Survey:**

\*Are you a current recipient of subsidized assistance (Bananas, CCL, 4C's)? \_\_\_\_\_, What is the name and contact information of your analyst? \_\_\_\_\_, \_\_\_\_\_

\*Do you qualify for financial aid assistance, as a low-income family? \_\_\_\_\_

If so, attach a photocopy of the latest family-income tax return and three, current employment pays stubs and subsidized payment contract (if applicable). What is your monthly child care budget? \_\_\_\_\_, What is your monthly joint income? \_\_\_\_\_

### **Days and Time of Child Care Needed:** (circle your ideal child care schedule below)

M T W TH F

What hours of childcare do you seek? \_\_\_\_\_ to \_\_\_\_\_

\*AMA is open for business, Monday-Friday, 7:00am-6:00pm.

M T W TH F

7:00AM-12:00PM = HALF-DAY CHILD CARE

When may you begin child care? \_\_\_\_\_, Describe your second choice in child care schedule? Days: \_\_\_\_\_ Hours: \_\_\_\_: \_\_ to \_\_\_\_: \_\_\_\_\_

Are you interested in half day child care? \_\_\_\_\_ (see child care schedules)

Who will be responsible for financing child care? \_\_\_\_\_, \_\_\_\_\_

Describe childcare payment method? \_\_\_\_\_.

### **Culture & Tradition**

Child's Ethnicity: \_\_\_\_\_ Parent's (#1) Ethnicity: \_\_\_\_\_ Parent's (#2)

Ethnicity: \_\_\_\_\_ Child's Place of Birth: \_\_\_\_\_

Parent's (#1) place of birth: \_\_\_\_\_ Parent's (#2) place of birth: \_\_\_\_\_

### **~Language**

What language (s) is (are) spoken at home? \_\_\_\_\_

Revised November 22, 2016  
Reviewed @ Student Observational Playdate

At what age did your child begin using language? \_\_\_\_\_ First spoken word (s):  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Please describe any cultural traditions and celebrations cherished by your child and family:  
\_\_\_\_\_

Please list fluent Spanish speakers living at home, and their relation to the child?  
\_\_\_\_\_, \_\_\_\_\_ What other foreign language (s) are spoken at home and by  
whom? \_\_\_\_\_, \_\_\_\_\_ What is his/her relation to the  
child? \_\_\_\_\_, \_\_\_\_\_

**~Family**

**Please list individuals who live with your child, such as mother, father, nanny, siblings, grandparents, and/or nanny, pet, etc.?**

\_\_\_\_\_

Name & Age of child's siblings: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Name of adult (s) responsible for child (legal guardians)? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

NAME OF ADDITIONAL FAMILY MEMBERS/CAREGIVERS WHO MAY DROP  
OFF/PICK UP CHILD & RELATION TO CHILD? \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Child's Primary Home Address-

\_\_\_\_\_  
(PARENT #2 {for separated co-parents}) Child's Home Address-

**~Travel**

Please list countries traveled by your child? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**\*Family Tree**

Please include information on national, cultural, and religious identifications in family background. You may go as far back in family lineage as possible.

**NAME OF CHILD'S PARENT #1** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**WORK TELEPHONE NUMBER:** \_\_\_\_\_, **CELL PHONE:** \_\_\_\_\_,

**HOME PHONE:** \_\_\_\_\_, **E-MAIL:** \_\_\_\_\_

**NAME OF CHILD'S PARENT #2** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**WORK TELEPHONE NUMBER:** \_\_\_\_\_, **CELL PHONE:** \_\_\_\_\_,

**HOME PHONE:** \_\_\_\_\_, **E-MAIL:** \_\_\_\_\_

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**NAME AND PLACE OF BIRTH OF GRANDPARENTS:**

(PARENT#1) \_\_\_\_\_, \_\_\_\_\_  
(PARENT #2) \_\_\_\_\_, \_\_\_\_\_

**NAME AND PLACE OF BIRTH OF GREAT GRANDPARENTS:**

(PARENT #1) \_\_\_\_\_, \_\_\_\_\_  
(PARENT#2) \_\_\_\_\_, \_\_\_\_\_

What cultural and family values are important to the family and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Would you be available to discuss and model a cultural tradition with your child's classmates?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Diet & Feeding Plan**

What is your child's eating habits? \_\_\_\_\_

What type of foods does your child like? \_\_\_\_\_  
\_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Does your child feed himself/herself? \_\_\_\_\_

**\*Please describe your child's diet (in general), meal schedule, food portions, & milk preference. Describe any additional information related to your child's diet.**

\_\_\_\_\_  
\_\_\_\_\_.

**Sleeping Patterns & Soothing Tips**

Describe your child's napping schedule & routine (comforting toys, lengths of naps & other useful tips, etc.):

AM Schedule ~ \_\_\_\_\_  
PM Schedule~ \_\_\_\_\_

**Social/Emotional Development**

\*Circle the personality traits which best describe your child:

<b>Shy</b>	<b>Independent</b>	<b>Outgoing</b>	<b>Talkative</b>
<b>Friendly</b>	<b>Assertive</b>	<b>Happy</b>	<b>Dependent</b>
<b>Physical</b>	<b>Quiet (serious)</b>	<b>Stubborn</b>	<b>Attentive</b>
<b>Emotional</b>	<b>Other:</b> _____, _____, _____	<b>Sweet</b> _____	<b>Funny</b> _____

Does your child separate easily from you?  Yes  No

Comments: \_\_\_\_\_

Is your child afraid of anything?  Yes  No

Comments: \_\_\_\_\_

Does your child have a favorite toy, blanket or soother?  Yes  No

Please identify nap time soother (if needed): \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ Explain When & Why? \_\_\_\_\_

### **Diapering Needs & Bathroom Training Plan:**

Is your child in diapers?  Yes  No, Is your child in pull-ups?  Yes  No

Is your child potty trained?  Yes  No Remarks: \_\_\_\_\_

If yes, does your child require assistance with using the potty?  Yes  No

Remarks: \_\_\_\_\_

**\*Please provide your in-home potty training plan or diapering schedule (*NOTE: provide loose bottoms during potty training duration, no belts, zippers, buttons, accessories, overalls, etc.*):**

\_\_\_\_\_  
\_\_\_\_\_

### **Student Learning Disabilities & Other Useful Information:**

\_\_\_\_\_  
\_\_\_\_\_

### **Parent Volunteering Opportunities (describe your talents & volunteering aspirations):**

**Would you be interested in participating in field trips, school functions, fundraising efforts, & leading enrichment classes? Do you have a special skill that you would like to share with your child's classmates?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

### **\*Program Expectations & Areas of Developmental Need:**

**Please describe what you expect your child to receive from his/her experience at school, such as language and social development, cultural appreciation, potty training, etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

