

# Mulberry Bush Independent School

## Child & Family Application Form

Name(s) of Parents/guardian(s):

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

1. \_\_\_\_\_

2. \_\_\_\_\_

Name(s) of child(ren) seeking admission:

1. \_\_\_\_\_

2. \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ School district: \_\_\_\_\_

If your child attends public school, please indicate which one:

\_\_\_\_\_

Which Mulberry Bush classroom/program are you interested in (**check one**)?

Infant/Young Toddler     Older Toddler     Preschool     Pre-K     School Age

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email (please write clearly) \_\_\_\_\_ @ \_\_\_\_\_

Are you a Retreat employee?     Yes     No

If yes, which department do you work in? \_\_\_\_\_

Do you already have a child enrolled in our Program?     Yes     No

**Information about your child: To best meet your child's needs, and to place her/him in the appropriate classroom, we require the following information.**

Your child's Date of Birth: \_\_\_\_\_

Your child's nick name (if any): \_\_\_\_\_

Desired Entrance Date: \_\_\_\_\_ (NOTE: unless we

*have a mid-year opening, children enter Mulberry Bush programs at either the end of June or the end of August).*

Desired days of attendance: \_\_\_\_\_

Has your child attended another early education program?  Yes  No

If "yes," list name(s) of other program(s):

\_\_\_\_\_

Do you have any concerns about your child's development or behaviors?  Yes  No

If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been tested for learning delays, hearing concerns, vision issues etc.?

Yes  No

If so, by whom? \_\_\_\_\_

Has your child received any special services?  Yes  No

If so, with what agencies? \_\_\_\_\_

Is your child on an IEP?  Yes  No      Is your child on an IFSP?  Yes  No

If your child hasn't received any services but you have concerns please check here:

Please describe your concerns: \_\_\_\_\_

Would your child be eligible for a state subsidy?  Yes  No  Pending

If so, what would the percentage of reimbursement be? \_\_\_\_\_

Why are you applying for admittance into our program at this time?

\_\_\_\_\_

\_\_\_\_\_

What would you like your family and child to obtain from being involved in our program?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Is there any additional information you feel we should know about your child or your family?

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your interest in our program, we will be in touch with you soon,**

Tori Kelliher, Manager, Mulberry Bush Independent School

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