



Abracadabra

Child Care and Development Center
700 Commonwealth Ave., Alexandria, VA 22301
Ph: (703)548-7796 | Email: abracadabraccva@gmail.com

APPLICATION FOR ADMISSION

Name of Child: _____ Prefers to be called: _____

Birth Date: _____ Sex _____

Complete Home Address: _____ Phone _____

Previous Child Care Programs attended and/or concurrently attending (required by state law)

PARENTS/GUARDIAN

Parent _____ Employer _____ Work Phone _____

Cell Phone: _____

Home Address (if different from child) _____

Parent _____ Employer _____ Work Phone _____

Cell phone: _____

Home Address (if different from child) _____

Persons Having Legal Custody/Guardianship of
Child _____

Address: _____ Phone _____

Chronic Physical Problems/Allergies/Pertinent Developmental Information/Special Accommodations Needed: _____

OTHER INFORMATION

School schedule needed for your child: Indicate drop-off and pick-up time each day. Children may remain at Abracadabra **no longer than a 9-hour day.** (Ex. 9AM/5PM)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Others in Household, including pets:

Name and

Relationship:

Please state your child's fears, if any (dark, sirens, animals, etc.) _____

Please describe your child's favorite activities:

Does your child nap regularly? (Yes/No)

Please explain: _____

Indicate any special techniques or transition objects needed for nap (stuffed animal, blanket etc.) _____

How did you hear about Abracadabra? _____

Email address you would like to use for school information, newsletter, and other communication (PRINT) _____

SIGNATURES

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____