



## 2017-2018 EXPLORER APPLICATION

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell/Work Phone

\_\_\_\_\_  
Father's Full Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell/Work Phone

\_\_\_\_\_  
Child's Mailing Address

\_\_\_\_\_  
Mom's Email (optional)

\_\_\_\_\_  
Dad's Email (optional)

Date you would like your child to begin: \_\_\_\_\_

### QUESTIONNAIRE

1. What is it that you most want your child to gain from the Winter Sun Explorer Program?

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

2. What was your child's birth experience like?

Normal       Stressful       Very stressful

Please explain if you feel that it would better help us to understand your child's developmental arena.

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

3. Was your child nurse  Yes, for how long? \_\_\_\_\_  No

4. Does your child have any food allergies or have any type of eating habits you would like us to know about?  
\_\_\_\_\_
5. Do you have a religious preference or philosophical belief you would like us to know about?  
\_\_\_\_\_
6. Do you have any concerns about your child that we need to be aware of?  
\_\_\_\_\_
7. Do you know of any other children that might be interested in attending the Winter Sun Explorer Program?  
\_\_\_\_\_
8. Please share any other information you feel might be beneficial in helping us to create a rich growing experience for your child.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you!

**PLEASE NOTE:**

*There is a \$75 per child (\$100 per family) annual application fee due at time of enrollment.*