The Children's Center, Inc. Application



What name does your child prefer?

Child's full name:						
Birthdate:	Age on Aug. 31, 20	18 yrs	mos. Gender:			
Address:		Zip:	tel			
Parent Address (if different):			Zip:			
Email address(s):						
Mother's name:	Occupation:					
Business name and address:			tel			
Father's name:	Occupation:					
Business name and address:			tel			
Parents: Married S	separated Divorced	Other:				
Age and sex of siblings:						
•	_					
List other members of the house	hold:					
Primary language spoken at hon	ne?	Any other langua	ges?			
Has your child had any group ex	sperience? Please list date	e, place, and type:_				
Does s/he have special interests	?					
How do you discipline?						
Health - general condition:						
Are there any limitations (speec	h, vision, hearing, coordir	nation)?				
Children <i>should</i> be completely to	oilet trained before entering	ng the Center. (N/A	for 2s) Will this be a problem?			
Describe your child in a few wo	•		• •			

Are there any fears?						
What would you like your child to gain fro						
Anything else you wish share about your c	hild?					
The following programs are available. Pleasesponsibility for final appropriate placements		erence. (The	Children's C	<i>enter</i> re	eserves the	
Primary Half-Day Programs (8:45 to	11:45 a.m. prescho	ol)				
Two-year-olds	1 day 2 days 3 days 4 days 5 days	Thre	e-year-olds	3	2 days 3 days 4 days 5 days	
Four-year-olds	3 days 4"days 5 days	(Gift of Time		4 days 5 days	
Extended Day (7:30 a.m. – 4:30 p.m., Program may be limited, or not available requirements. Early room or Extended	ole, if there is insuff	icient particip	oation to justi	fy staffi	ng	
	<u>M</u>	<u>T</u>	<u>W</u>]	<u> </u>	<u>F</u>	
Early Room: 7:30 to 8:45 a	a.m.					
		Select Picl	k-up Times Eac	h Day		
Pick-up: 1:15, 3:30 or 4:30	p.m.					
I have been informed of The Ch opportunity to discuss them with		scipline polic	cies and have	been gi	iven the	
Date						
		P	Parent Signature			

Please return this application and include a <u>non-refundable application fee of \$55.00</u> to:

The Children's Center, Inc.

197 Bushy Hill Road Simsbury CT 06070 (860) 651-8296

Email: simsburychildrenscenter@gmail.com www.valleychildrenscenter.com