

The Children's Center, Inc.

Application



What name does your child prefer?

Child's full name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age on Aug. 31, 2017 \_\_\_\_\_ 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 Separated Divorced Other: \_\_\_\_\_

Age and sex of siblings: \_\_\_\_\_

Have any attended the Children's Center? Please give names and dates: \_\_\_\_\_

List other members of the household: \_\_\_\_\_

Primary language spoken at home? \_\_\_\_\_ Any other languages? \_\_\_\_\_

Has your child had any group experience? Please list date, place, and type: \_\_\_\_\_

Does s/he have special interests? \_\_\_\_\_

How do you discipline? \_\_\_\_\_

Health - general condition: \_\_\_\_\_

Special considerations (allergies, nosebleeds, etc.) \_\_\_\_\_

Are there any limitations (speech, vision, hearing, coordination)? \_\_\_\_\_

Children *should* be completely toilet trained before entering the Center. (N/A for 2s) Will this be a problem?

Describe your child in a few words or phrases. Please include social, emotional, physical and intellectual characteristics: \_\_\_\_\_

Are there any fears? \_\_\_\_\_

What would you like your child to gain from a preschool experience? \_\_\_\_\_

Anything else you wish share about your child? \_\_\_\_\_

The following programs are available. Please check your preference. (The *Children's Center* reserves the responsibility for final appropriate placement.)

**Primary Half-Day Programs** (8:45 to 11:45 a.m. preschool)

<b>Two-year-olds</b>	1 day	<b>Three-year-olds</b>	2 days
	2 days		3 days
	3 days		4 days
	4 days		5 days
	5 days		
<b>Four-year-olds</b>	3 days	<b>Gift of Time</b>	4 days
	4"days		5 days
	5 days		

**Extended Day** (7:30 a.m. – 4:30 p.m., includes a.m. preschool session) Space in the Extended Day Program may be limited, or not available, if there is insufficient participation to justify staffing requirements. Early room or Extended Day is not available for Two-year-olds until they turn Three.

M      T      W      Th      F

**Early Room: 7:30 to 8:45 a.m.**

Select Pick-up Times Each Day

**Pick-up: 1:15, 3:30 or 4:30 p.m.**

I have been informed of The Children's Center's discipline policies and have been given the opportunity to discuss them with the director(s).

Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

**Please return this application and include a non-refundable application fee of \$55.00 to:**

**The Children's Center, Inc.**

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

Email: [simsburychildrenscenter@gmail.com](mailto:simsburychildrenscenter@gmail.com)

[www.valleychildrenscenter.com](http://www.valleychildrenscenter.com)