## The Children's Center, Inc. Application



What name does your child prefer?

Child's full name:									
Birthdate:	Age on Aug. 3	1, 2020 yrs.	mos. Gender:						
Address:		Zip:	tel						
Parent Address (in	f different):		Zip:						
Email address(s):									
Parent name:		Occupation:							
Business name ar	nd address:		tel						
Parent name:	Occupation:								
Business name ar	nd address:		tel						
Parents: M	arried Separated Divorc	ed Other:							
Age and sex of si	blings:								
	I the Children's Center? Please give								
List other member	rs of the household:								
Primary language	spoken at home?	Any other langu	ages?						
	d any group experience? Please list								
	ecial interests?								
How do you discip	pline?								
Health - general c	ondition:								
Special considerat	ions (allergies, nosebleeds, etc.)								
Are there any limi	tations (speech, vision, hearing, coo	ordination)?							
Children should b	e completely toilet trained before er	ntering the Center. (Na	/A for 2s) Will this be a problem?						
_	ld in a few words or phrases. Please		- •						
			_						

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. Ple (The <i>Children's Center</i> reserves the res	• •			•	-	eek.				
<b>Primary Half-Day Programs</b> (8:45 to	11:45 a.m. presch	ool)								
Two-year-olds	2 days 3 days 4 days 5 days		Thro	ee-year-olds		2 days 3 days 4 days 5 days				
Four-year-olds	3 days 4''days 5 days		(	Gift of Time	<b>,</b>	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 insuf	ficie	nt partici	pation to just	tify sta	ffing				
	<u>M</u>	]	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>				
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 Ch opportunity to discuss them with		liscip	oline poli	cies and hav	e been	given the				
Date										
			]	Parent Signat	ture					

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