The Children's Center, Inc. Application



What name does your child prefer?

Child's full	name:						
Birthdate: _		Age scho	e on Aug 31st of the ool year they are sta	new arting	yrs	mos. Gender:	
Address:				Zip:		tel	
Parent Addı	ress (if different)):				Zip:	
Email addre	ess(s):						
Parent name	arent name: Occupation:						
Business na	ame and address	::				tel	
Parent name: Occupation:							
Business na	ame and address	:				tel	
Parents:	Married	Separated	Divorced	Other	:		
Age and sex	x of siblings:						
-			_				
List other m	nembers of the ho	ousehold:					
Primary lang	iguage spoken at	home?		Any othe	r language	s?	
Has your ch	nild had any grou	p experience?	Please list date	e, place, a	nd type:		
Does s/he ha	ave special inter	ests?					
_	_						
Special cons	siderations (aller	gies, nosebleed	ls, etc.)				
Are there an	ny limitations (sp	beech, vision, he	earing, coordin	nation)? _			
Children sho	ould be complete	ely toilet trained	d before entering	ng the Ce	nter. (N/A f	or 2s) Will this be a problem	
Describe yo		-	ses. Please inc	lude socia		al, physical and intellectua	

Are there any fears?							
nything else you wish share about your child? ne following programs are available. Please check your preference for number of days per week. (The <i>Children's Center</i> reserves the responsibility for final appropriate placement.) Primary Half-Day Programs (8:45 to 11:45 a.m. preschool) Two-year-olds 2 days Three-year-olds 2 days 3 days 4 days 4 days 4 days							
following programs are available. Please check your preference for number of days per week. (The <i>Children's Center</i> reserves the responsibility for final appropriate placement.) Primary Half-Day Programs (8:45 to 11:45 a.m. preschool) Two-year-olds 2 days 3 days 3 days							
Primary Half-Day Programs (8:45 to	11:45 a.m. preschool)					
Two-year-olds	3 days 4 days	Three-y	ear-olds	3 days 4 days			
Four-year-olds	•	Gif	t of Time	•			
Program may be limited, or not availab	ole, if there is insuffici	ent participati	on to justify s	staffing			
	<u>M</u>	<u>T</u>	W Th	<u>F</u>			
Early Room: 7:30 to 8:45 a	a.m.						
		Select Pick-up Times Each Day					
Pick-up: 1:15, 2:30, 3:30 or	4:30 p.m.						
I have been informed of The Ch opportunity to discuss them with		ipline policies	s and have be	en given the			
Date							
		Par	rent Signature	•			

Please return this application and include a <u>non-refundable application fee of \$60.00</u> to: (one application fee per family)

The Children's Center, Inc.

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

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