

The Children's Center, Inc.

Application



What name does your child prefer?

Child's full name: _____

Birthdate: _____ Age on Aug 31st of the new school year they are starting _____ yrs. _____ mos. Gender:

Address: _____ Zip: _____ tel. _____

Parent Address (if different): _____ Zip: _____

Email address(s): _____

Parent name: _____ Occupation: _____

Business name and address: _____ tel. _____

Parent 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 for number of days per week.
(The *Children's Center* reserves the responsibility for final appropriate placement.)

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

Two-year-olds

<input type="checkbox"/>	2 days
<input type="checkbox"/>	3 days
<input type="checkbox"/>	4 days
<input type="checkbox"/>	5 days

Three-year-olds

<input type="checkbox"/>	2 days
<input type="checkbox"/>	3 days
<input type="checkbox"/>	4 days
<input type="checkbox"/>	5 days

Four-year-olds

<input type="checkbox"/>	4 days
<input type="checkbox"/>	5 days

Gift of Time

<input type="checkbox"/>	4 days
<input type="checkbox"/>	5 days

Extended Day (7:30 a.m. – 1:30 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.

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

<input type="checkbox"/>				
<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>

Pick-up: 1:30 p.m.

<input type="checkbox"/>				
<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>

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 \$75.00 to:
(one application fee per family)

The Children's Center, Inc.

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(860) 651-8296

Email: simsburychildrenscenter@gmail.com

www.valleychildrenscenter.com