



Today's date: \_\_\_\_\_

**Pre Admission Application**

All information on this application is required to be filled out completely and legibly. Please Print. Your place on the waiting list is determined by the date it is submitted, OR if your child has a developmental delay or is a role model and if all required paperwork and screenings are completed by the time an opening is available. **Incomplete applications will not be processed. A copy of your child's FSP or IEP is required.**

Does your child have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ FSP \_\_\_\_\_ IEP \_\_\_\_\_ Behavioral Plan \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Current age of your child: \_\_\_ year \_\_\_ months Male \_\_\_\_\_ or Female \_\_\_\_\_

Child's name: \_\_\_\_\_  
First Middle Last

Child's address: \_\_\_\_\_  
Street apt # City Zip

Person filling out this application: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_ Who is the legal guardian? \_\_\_\_\_

How did you hear about us? Website \_\_\_\_\_ Agency \_\_\_\_\_ Another parent \_\_\_\_\_ referred by \_\_\_\_\_

**PARENT INFORMATION**

Mother's Name: \_\_\_\_\_ email: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street City/State Zip

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment/Occupation: \_\_\_\_\_ skill: \_\_\_\_\_

Father's Name: \_\_\_\_\_ email: \_\_\_\_\_  
First Last

Address if different: \_\_\_\_\_  
Street City/State Zip

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment/Occupation: \_\_\_\_\_ skill: \_\_\_\_\_

Primary Residence:  Mothers home  Father's home  Both  with Guardian: \_\_\_\_\_

Parents' Marital Status:  Married  Single  Divorced **Do you receive ELC Stipends?**  Yes  No

**Please check ALL options you are interested in. When do you want to start? Date: \_\_\_\_\_**

- \_\_\_ M-F Extended Day 7:30am to 6:00pm
- \_\_\_ M-F Full Day 7:30am to 3:00pm
- \_\_\_ M-F VPK ONLY 12:00am to 3:00pm (child must be 4 before Sept 1)
- \_\_\_ M-F VPK ONLY 8:15am to 11:30am (child must be 4 before Sept 1)
- \_\_\_ M-F VPK Full Day 7:30am to 3:00pm (child must be 4 before Sept 1)
- \_\_\_ M-F VPK Extended Day 7:30am to 6:00pm (child must be 4 before Sept 1)
- \_\_\_ M-F 2-to-6-Mix After School Program 2:00pm to 6:00pm (ages 5 – 10)
- \_\_\_ M-F Summer Camp – weekly from May to August only (ages 5 – 10)
- \_\_\_ M-F Kindergarten / First Grade (ages 5 – 7)
- \_\_\_ Respite Care – Some Saturdays, 6 – 10 pm

**Please describe your main concerns for your child and what you want them to get out of our program:**

***Child's Medical Information (Required)***

Please list and describe any special needs, diagnoses or behaviors, medical conditions your child has:

List Allergies: \_\_\_\_\_

Does your child have seizures? \_\_\_\_ If yes, what kind: \_\_\_\_\_ How often: \_\_\_\_\_

List medications your child must take and for what: \_\_\_\_\_

Do medications need administered during school hours?  Yes  No How often are they given? \_\_\_\_\_

***Child's Developmental Information (Required)***

Is your child potty trained?  Yes  No Can your child communicate their need to use the toilet?  Yes  no

Is your child using words or talking in sentences to communicate?  Yes  no Do you use sign language?  Yes  no

Does your child need help eating?  Yes  No

Does your child have a special diet? If so, explain: \_\_\_\_\_

Is your child currently receiving therapies? Circle all: Speech Occupational Physical Sight Hearing Behavioral

Do you get therapies through your (IEP) Individual Education Plan? Yes \_\_\_\_ No \_\_\_\_ If yes, must attach most current IEP.

Do you get therapies through your (FSP) Family Support Plan through Early Steps? Yes \_\_\_\_ No \_\_\_\_ If yes, must attach FSP.

Where are these services provided now? \_\_\_\_ In the home \_\_\_\_ at a school \_\_\_\_ pre-school

What school or pre-school is or has your child attended (please list) \_\_\_\_\_

What is the name of your child's Early Interventionist (Early Steps?) \_\_\_\_\_

***Behavioral Information/Concerns (Required)***

Does your child have any special fears or behaviors that can harm them or others? List: \_\_\_\_\_

Does your child look at you when you speak to them?  Yes  No Does your child follow your directions?  Yes  No

Is your child aggressive? \_\_\_\_\_ (please circle all that apply) Do they: bite hit run away argue drop/meltdown

Are you using behavior modification?  Yes  No If yes, who oversees your program \_\_\_\_\_

How do you discipline for misbehavior? \_\_\_\_\_

**Please note, if placed in any of the SCEIC programs, you will be required to sign a contract agreeing to abide by all the policies in the SCEIC parent handbook including (but not limited to) the following. Please check that you have read and agree:**

\_\_\_ Volunteering: Parents are required to volunteer 8 hours per quarter or a fine will be applied.

\_\_\_ Registration: Registration fees are nonrefundable and are due at the time of registration.

\_\_\_ Payments/Child Participation: Full tuition is due at the start of each week, Monday or the first day the your child attends weekly. No reduction or refunds for days your child is sick, absent, or for closed holidays.

\_\_\_ Returned item charge of \$30.00

\_\_\_ Late Payment Fee of \$25.00 will be charged to tuition payments made after 10am Wednesday each week.

\_\_\_ Termination: SCEIC has the right to terminate your contract at any time.

\_\_\_ Late Pick-up Fee of \$1.00 per minute after your scheduled pick-up time.

\_\_\_ Contract Cancellations require a written 2 week notice and payment of 5% of the remaining balance of the contracted tuition.

**By signing you agree and will comply to all information provided:** \_\_\_\_\_  
Signature Date