



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)

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