

Child's Birthdate \_\_\_\_\_ Name \_\_\_\_\_ M or F Date Rcvd. \_\_\_\_\_ App. Fee \_\_\_\_\_

Dear Prospective Family,

Thank you for your interest in our early childhood programs, Piedmont Global Preschool and Wishview Children's Center. We accept applications continually and your application remains active for one year.



Our early childhood programs strive to maintain a friendly, cohesive school family that includes children with diverse ethnicities, abilities, and cultures. We accept vouchers and employer subsidies. Please fill out a separate application for each child and fully complete each page. As openings develop in our school, we fill slots by processing applications in the order they were received. We try to maintain a gender balance in each classroom and provide the attendance plan that meets your family's scheduling needs. Along the preschool journey, our teachers lovingly support each individual child's development. We rejoice to see our students complete our graduation and then move into kindergarten.

**The beliefs and practices of our preschool are a great match for parents who share the following viewpoints:**

- My goals for my child's preschool experiences are centered on happiness, meaningful relationships, and developing a positive attitude about school.
- I value fun and play-based learning activities that foster creativity, motor skills/coordination, literacy skills, mathematics knowledge, social and emotional skills, and scientific inquiry on a preschool level.
- I am seeking an emphasis on creative free play, hands-on learning, and some teacher directed activities. (Teachers weave academic content into enjoyable preschool activities. Children actively move about our classrooms and they are not drilled or made to complete worksheets.)
- I feel good about my child playing outdoors in all four seasons and sometimes getting messy, muddy, or paint-covered.
- If developmental or behavioral concerns arise, I will promptly make myself available for a high level of on-site parent participation to support my child at preschool. As needed, I will meet and collaborate with teachers and administrators responsively. I am open to access services such as developmental evaluation, additional supervision, and therapeutic early interventions to support my child's needs.
- My family has the time and energy to attend preschool events and participate in teacher appreciation.
- I share the school's vision for consistency and sustained relationships. I feel comfortable voicing my ideas, concerns, suggestions and plans to the teachers and director throughout the preschool journey.
- Having reviewed the *Family Handbook* and *Tuition Policy*, I would like to make a long term, year-round commitment until my child begins kindergarten.

\*Check the school location you would like your child to attend:  Piedmont Global  Wishview  First available classroom slot

\*Check each day of the week that you would like your child to attend preschool:  Mon.  Tue.  Wed.  Thu.  Fri.

\*The preschool day is 8:50am-3:50pm. (Morning child care from 7:10am-8:50am is free.) At the end of the preschool day, extended care and wrap-around child care is available from 3:50pm-5:50pm for an additional charge. Do you plan to use extended care or wrap-around child care? \_\_No \_\_Yes

\*Check the latest time your child will typically be picked up:  2:30pm  3:00pm  3:30pm  4:00pm  4:30pm  5:00pm  5:30pm

Application notes: \_\_\_\_\_

### APPLICATION FOR CHILD CARE

#### PAGE 1 CHILD & FAMILY INFORMATION



#### PARENT EMAIL ADDRESS

Child's Birth date \_\_\_\_\_ Child is a BOY or GIRL

Child's Full Name \_\_\_\_\_ Name called at home \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ \*Zip Code required!\*

#### Who does this child live with?

Mother and father Single mother Single father Parent & step-parent Foster parent(s) Grandparent(s) Other \_\_\_\_\_

Mother/Guardian #1: \_\_\_\_\_ Cell # \_\_\_\_\_ Cell Carrier \_\_\_\_\_ Home # \_\_\_\_\_

Workplace & Work Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian #2: \_\_\_\_\_ Cell # \_\_\_\_\_ Cell Carrier \_\_\_\_\_ Home # \_\_\_\_\_

Workplace & Work Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

- 1) List all siblings and their ages \_\_\_\_\_
- 2) Does this child have any known allergies: \_\_ No \_\_ Yes, Explain \_\_\_\_\_
- 3) Does this child have any chronic illnesses/conditions: \_\_ No \_\_ Yes, Explain \_\_\_\_\_
- 4) Please provide information concerning your child which staff will need to know (such as food/milk restrictions and any special needs) \_\_\_\_\_
- 5) Is this child receiving special education services (e.g. speech therapy; physical therapy; behavioral therapy, etc.)? \_\_ No \_\_ Yes, Circle which therapy
- 6) Where was this child born? \_\_\_\_\_ Was this child born at full term or premature? \_\_\_\_\_
- 7) The first language learned by this child was \_\_\_\_\_ Age child began using words to ask for things: \_\_\_\_\_, or n/a
- 8) Please describe your child's daytime nap and nighttime sleeping pattern \_\_\_\_\_
- 9) Describe any and all behaviors that you would like help with, or you are concerned about \_\_\_\_\_
- 10) What are some of the cultural or religious celebrations that are important to your family? \_\_\_\_\_
- 11) Are you currently receiving assistance from any agency or employer to help pay for child care costs? \_\_ No \_\_ Yes
- 12) Since birth, how many different nanny, child care, and preschool settings/arrangements has this child participated in? \_\_\_\_\_

Child's Name \_\_\_\_\_

**PAGE 2 EMERGENCY CARE & HEALTH INFORMATION**

\*In the event of an emergency, center staff will attempt to contact parents/guardians first. If neither parent/guardian can be reached, we will then call:

1st person to contact in an emergency (Other than parent/guardian)	Name & Relation:	Home Phone:	Work Phone:	Cell phone:
2nd person to contact in an emergency (Other than parent/guardian)	Name & Relation:	Home Phone:	Work Phone:	Cell phone:

Please give the names of people who are allowed to pick-up your child \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Date of Card Issue \_\_\_\_\_

Name of child's doctor \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_

I agree that a WCC staff member may authorize a physician of his/her choice to provide emergency care in the event that neither I nor the child's physician can be contacted immediately. **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give my consent for my child to have health related screenings if provided at Wishview Children's Center including speech, vision, hearing, dental and behavioral. (Parents will be notified in advance.) **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I received a Summary of NC Child Care Laws. **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Provisions will be made for children to have adequate and appropriate rest and outdoor play year-round. In an emergency situation, Wishview Children's Center does agree to provide transportation to an appropriate medical resource. In an emergency situation, other children in the facility will be supervised by a responsible adult. WCC will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. **Operator / Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_