



Today's date: _____

Pre-Admission Application

Please complete all of the information on this pre-admission application. Once all required paperwork and screenings are completed you will be added to our waiting list. We will notify you when an opening becomes 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 Female

Child's Name: _____
First Middle Last

Child's Address: _____
Street Apt # City Zip

Person completing 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: _____

Father's Name: _____ Email: _____
First Last

Address if different: _____
Street City/State Zip

Home Phone: _____ Work: _____ Ext.: _____ Cell: _____

Place of Employment/Occupation: _____

Primary Residence: Mother's Home Father's Home Both Guardian: _____

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

Please check ALL options you are interested in: **When would you like to start? Date:** _____

- Full Day 7:30am to 3pm
- Extended Day 7:30am to 6pm
- VPK ONLY 8:30am to 11:30am (child must be 4 before September 1st)
- Primary School (K – 4) 8:30am to 3:00pm
- Primary School After Care (SCD students only) 3:00 to 6:00pm Monday-Thursday; 2:00 to 6:00pm Friday
- Summer Camp (must have completed VPK through 5th grade; from June to August only)

Describe your main concern(s) for your child and what you want them to learn from our program: _____

(Required) Child's Medical Information

List and describe any special needs, diagnoses, behaviors, or medical conditions your child has: _____

List Allergies: _____

Does your child have seizures? Yes No If yes, what kind: _____ How often: _____

List medications your child must take and for what: _____

Do medications need to be administered during school hours? Yes No How often are they given? _____

(Required) Child's Developmental Information

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 with eating? Yes No Does your child have a special diet? If so, explain: _____

Is your child currently receiving therapies? Speech Occupational Physical Vision Hearing Behavioral

Please indicate frequency of all therapies: _____

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

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

Name of your child's Early Interventionist: _____

Where are these services currently provided? home school pre-school

School or Pre-schools previously attended: _____

Behavioral Information/Concerns

List fears or behaviors that can harm them or others: _____

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? Yes No Do they - Bite Hit Run Away Argue Drop/meltdown

Are you using behavioral therapy? Yes No If yes, who oversees your program? _____

How do you discipline for misbehavior? _____

Please note, if placed in any of the SCD programs, you will be required to sign a contract agreeing to abide by all the policies in the SCD Parent Handbook including, but not limited to, the following. Please initial that you have read and agree to:

_____ Volunteering - Parents are required to volunteer 8 hours per quarter, or a \$100 non-volunteering fee will be applied.

_____ Registration - Registration fees are nonrefundable and are due at the time of registration.

_____ Payments - Tuition is due on Monday, but no later than Tuesday at 10am to avoid late fees or child care interruption. Your account will be placed on automatic payment status if late more than 3 times. Tuition is not reduced or refunded for days that your child is absent or when SCD is closed for holidays or inclement weather. A returned item fee of \$30.00 will be applied for any returned payments.

_____ Termination: SCD has the right to terminate your contract at any time.

_____ Late Pick-up: A late fee of \$1.00 per minute will be applied after your contracted pick-up time.

_____ Contract cancellations require a written, 2-week notice. A 5% cancellation fee will be applied based on the remaining weeks of the contract and is due on the day of your two-week notice.

By signing you agree and will comply with all information provided:

Signature: _____ Date: _____