Child's Birthdate_____ Name_____

Month & Year of Family's Desired Start Date _____

FOR OFFICE USE:

Date Rcvd. _____ ❑ **Leads Entry** ❑ **App Fee Pd**

Tour Date _____ ❑ **Tour Complete** ❑ **Enr. Fee Pd**

Dear Prospective or Renewing Family,





Thank you for your interest in our year-round 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 schools, 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. Our teachers lovingly support each individual child's development through the years. We rejoice to see our 5 and 6 year-old students complete graduation and then transition to elementary school!

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

- My goals for my child's school 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.
- I am seeking an age appropriate blend of creative free play, hands-on learning experiences, and teacher directed activities. (Our teachers weave academic content into enjoyable activities. Children actively move about our classrooms, they are not drilled, and worksheets are not frequently used.)
- I feel good about my child playing outdoors in all four seasons and sometimes getting muddy, wet, sandy, messy, or paint-covered (clothes, shoes, skin).
- 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 school. As needed, I will meet and collaborate with teachers and administrators responsively. I am open to access services such as developmental evaluation, additional supervision at my expense, and/or therapeutic early interventions to support my child's needs.
- My family has the time and energy to attend school 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 directors throughout the preschool journey.
- Having reviewed the *Family Handbook* and *Tuition Policy*, I agree to make a long term, year-round commitment to maintain preschool enrollment.

*Check the school location you would like your child to attend: ❑ Piedmont Global Preschool ❑ Wishview Children's Center ❑ First available

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

*The preschool day is 9:00-3:50. (Morning care with regular teachers from 7:00 – 9:00am is free for all.) At the end of the school day, extended care and wrap-around childcare are 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: ❑ 3:15pm ❑ 3:45pm ❑ 4:15pm ❑ 4:45pm ❑ 5:15pm ❑ 5:45pm ***LATE FEE STARTS AT 5:51***

Wishview Children's Ctr. / Piedmont Global Preschool

Attendance plan notes:

FOR OFFICE USE ONLY:
Enrollment Start Date_____
Enrollment End Date_____

APPLICATION FOR ENROLLMENT

PAGE 1 CHILD & FAMILY IMFORMATION

PARENT EMAIL ADDRESSES _____

Child's Birth Date _____ (▸ ❑*Check here if due date for unborn child*) This child is a ❑BOY or ❑GIRL or ❑GENDER-FREE

Child's Full Name_____ Name called at home_____

Child's Address_____City_____ State_____*Zip Code required!*_____

Who does this child live with?

❑Both parents ❑Single mother ❑Single father ❑Parent & step-parent ❑Foster parent(s) ❑Grandparent(s) ❑Other_____

Parent /Guardian #1: _____ Cell # _____ Work # _____ Home # _____

Name of Workplace or College & Address: _____

Parent /Guardian #2: _____ Cell # _____ Work # _____ Home # _____

Name of Workplace or College & Address: _____

***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:

List all the people who are allowed to pick-up your child_____

_____

1) Where was this child born? _____Was this child born at full term or premature?_____
2) List siblings with ages_____
3) The first language learned by this child was_____ Age child began using words to ask for things:_____, or ❑n/a
4) What cultural/religious celebrations are important to your family? _____
5) List any fears or unique behaviors this child has _____
6) Please describe your child's daytime nap and nighttime sleeping pattern _____
7) Since birth, how many different nanny, child care, and preschool settings/arrangements has this child participated in? _____

PAGE 2 **Child's Name**_____

HEALTH & EMERGENCY CARE INFORMATION ****Children with health care needs: A Medical Action Plan must be attached to this application****

1) List any allergies, the symptoms, and type of response required for allergic reactions _____
_____

2) List any heath care needs or concerns, the symptoms, and type of response required for these health care needs_____
_____

3) List any medication taken/used for health care needs _____

4) Is this child receiving special education services (e.g. speech therapy; physical therapy; behavioral therapy, etc.)? __No __Yes, Circle which therapy

5) Any additional information concerning your child: (ex.: special diet, seizure history, frequent complaints, any other needs) _____
_____

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 the school staff may authorize and obtain medical attention for my child in an emergency.
Parent/ Guardian Signature _____ **Date** _____

☑ I give my consent for my child to have health related screenings if provided at the school including speech, vision, hearing, dental and behavioral. (Parents will be notified in advance.) **Parent/ Guardian Signature** _____ **Date** _____

☑ I received a Summary of NC Child Care Laws. **Parent/ Guardian Signature** _____ **Date** _____

Provisions will be made for children to have age appropriate care, education, rest, and outdoor play. In an emergency situation, Piedmont Global or Wishview does agree to provide transportation to an appropriate medical resource. In an emergency situation, all children in the facility will be supervised by a responsible adult. Staff will not administer any drug or any medication without specific instructions from the physician, or the child's parent, guardian, or full-time custodian. **School Administrator Signature**_____ **Date**_____