

Foundations Preschool Application
3 year old program and 4 year old tuition program

Weekly tuition is \$250. You may be eligible for a scholarship based on family income and size. Weekly rates with scholarships are \$150 - \$250. We accept both DHHS (Department of Health and Human Service) and CCN (Child Care Network) scholarships.

Child must be at least 2 years 9 months.

Child must be potty-training,

Additional forms needed with completed application:

1. Birth certificate
2. Proof of income (3 current pay stubs, Tax return or letter from employer), child support, alimony, scholarships/grants received if applicable.

Before enrollment is finalized we will need these additional forms

1. Health appraisal/ annual physical
2. Updated immunization records
3. Emergency contact cards – 3
4. Foundation Preschool consent forms:
 - a. Photo release
 - b. Field trip
 - c. Parent handbook
5. Foundation Preschool payment agreement contract

Date Submitted _____
Date Care Needed _____

Foundations Preschool APPLICATION

Child's Name: _____
Last First Middle

Name child likes to be called: _____

Date of Birth: _____ Male Female Potty Trained? YES / NO

Street Address: _____

City: _____ State: _____ Zip: _____

Housing - Rent or Own Since what year? _____ School District _____

Race/Ethnicity:

- Hispanic Am. Indian/Alaskan Native Arab/Middle Eastern Asian/Asian American
 Black/African American Native Hawaiian/Pacific Islander White/ Caucasian
Other/Multi-Racial

Parent's name _____

Address: _____

Cell # _____ Home # _____ Work # _____

E-Mail Address _____

Parent's name _____

Address: _____

Cell # _____ Home # _____ Work # _____

E-Mail Address _____

Custodial Parent(s) Marital Status:

- Single Married Remarried Divorced Separated Living Together
Widowed

ADDITIONAL PEOPLE SUPPORTED BY INCOME

NAME	DATE OF BIRTH	RELATIONSHIP

About your child

What language(s) are spoken in the home? _____

Is your child able to indicate when they need to use the bathroom? _____

Does your child have food allergies or food restrictions? _____

Does your child have any medical conditions we need to be aware of? _____

Does your child have any speech, hearing or vision problems? _____

Would there be any restrictions to play or activities? _____

Has your child been in a daycare before? _____ If yes, what type of center (family member, day care center) _____

What is your child's temperament? Are they easy going, shy, hard to please, demanding, etc?

Are there behavior triggers you'd like to share? _____

Has your child had experience playing, interacting with other children? _____

What are your child's favorite activities? _____

Are there any other concerns or information you would like to share with us?



Application for Tuition Assistance

SECTION 1 – APPLICANT INFORMATION

Name of applicant (parent or guardian) _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

SECTION 2 – LIST ALL PEOPLE LIVING IN YOUR HOME (other than yourself)

Name (First and Last)	Birthdate	Relation to You
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

SECTION 3 – LIST CHILDREN NEEDING CARE

Child's Name (First and Last)	Birthdate
1. _____	_____
2. _____	_____

SECTION 4 – EMPLOYMENT INCOME

(Report all adults living in home- please provide a month's worth of stubs for each person)

Person's Name (First and Last)	Gross Monthly Income
1. _____	_____
2. _____	_____
3. _____	_____

I declare that all the information I have provided is, to the best of my knowledge and belief, true and correct.

Signature: _____ Date: _____