

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

Dear Prospective or Renewing 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, wet, muddy, or paint-covered (clothes and 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 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:

FOR OFFICE USE ONLY:  
 Enrollment Start Date \_\_\_\_\_  
 Enrollment End Date \_\_\_\_\_

**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 # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name of Workplace or College & Address: \_\_\_\_\_

**Father/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 health 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 that staff should know (ex.: 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 center 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 center including speech, vision, hearing, dental and behavioral. (Parents will be notified in advance.) **Parent/ Gu. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

Provisions will be made for children to have adequate and appropriate rest and outdoor play year-round. In an emergency situation, Piedmont Global or Wishview 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. 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. **Operator / Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_