



Today's date: \_\_\_\_\_

**Pre Admission Application**

Please print and complete all of the information on this pre-admission application. Your position on our waiting list is determined by: the date that it is submitted, or if your child has a developmental delay, or if your children is a role model, and if all required paperwork and screenings are completed by the time an opening is 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 filling out 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:  Mothers home  Father's home  Both  with Guardian: \_\_\_\_\_

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

Please check ALL options you are interested in. **When do you want 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 8am to 3pm
- \_\_\_\_\_ Primary School After Care (SCEIC Primary school students only) 2:30pm to 6pm Monday-Thursday; 1:30pm to 6pm Friday
- \_\_\_\_\_ Summer Camp – Kindergarten (must have completed by May 31, 2019 through 5<sup>th</sup> grade from June to August only)

**Please describe your main concern(s) for your child and what you want them to learn from our program:**

---

---

***(Required) Child's Medical Information***

Please list and describe any special needs, diagnoses, behaviors, or medical conditions your child has:

---

List Allergies: \_\_\_\_\_

Does your child have seizures? \_\_\_\_ If yes, what kind: \_\_\_\_\_ How often: \_\_\_\_\_

List medications your child must take and for what:

---

Do medications need 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 eating?  Yes  No

Does your child have a special diet? If so, explain: \_\_\_\_\_

Is your child currently receiving therapies? Circle all: Speech Occupational Physical Sight Hearing Behavioral

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

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

Where are these services provided now? \_\_\_\_ In the home \_\_\_\_ at a school \_\_\_\_ pre-school

What school or pre-school is or has your child attended? (please list) \_\_\_\_\_

What is the name of your child's Early Interventionist? (Early Steps?) \_\_\_\_\_

***Behavioral Information/Concerns***

Does your child have any special fears or behaviors that can harm them or others? List: \_\_\_\_\_

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? \_\_\_\_\_ (please circle all that apply) 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 SCEIC programs, you will be required to sign a contract agreeing to abide by all the policies in the SCEIC Parent Handbook including, but not limited to, the following. Please initial that you have read and agree:**

- \_\_\_\_\_ Volunteering: Parents are required to volunteer 8 hours per quarter or a \$75 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 may 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 SCEIC is closed for holidays or inclement weather. A returned item fee of \$30.00 will be applied for any returned payments.
- \_\_\_\_\_ Termination: SCEIC 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 by the last day that your child will attend SCEIC.

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

**Signature**

**Date**