

RELATIONSHIPS WITH OTHER CHILDREN?

(HOW DOES HE/SHE RESPOND, LARGE OR SMALL GROUPS, FAMILY OR FRIENDS...ETC)

HAVE THERE BEEN ANY RECENT CHANGES IN THE HOME ENVIRONMENT?

(NEW HOME, NEW BABY, NEW PET, ETC)

WHAT ARE YOUR CHILD'S STRENGTHS?

DO YOU HAVE ANY CONCERNS REGARDING YOUR CHILD'S BEHAVIOR/DEVELOPMENT?

DOES YOUR CHILD HAVE ANY SPECIAL FEARS AT HOME?

(STORMS, THE DARK, BUGS, ETC)

WHAT ARE SOME OF YOUR CHILD'S FAVORITE THINGS?

(BOOKS, ACTIVITIES, TOYS, ETC)

**GENERAL HEALTH:
ILLNESS/HOSPITALIZATIONS**

MEDICATIONS (WHAT & WHY)

ALLERGIES (FOOD, ENVIRONMENTAL, ETC)

[TUITION POLICY]

- TUITION IS BASED ON A **MONTHLY FEE OF \$400.00 PER STUDENT** FOR MONDAY THROUGH FRIDAY 8:30 A.M. TO 2:30 P.M.
- THERE IS A **\$40.00 NON-REFUNDABLE** REGISTRATION FEE **DUE WITH THIS APPLICATION**
- ALL CHECKS ARE TO BE MADE PAYABLE TO DON MILLS ACHIEVEMENT CENTER
- TUITION IS **DUE THE LAST WEEK OF CLASS** EACH MONTH
- TUITION IS **NOT** ADJUSTED FOR ABSENCES DUE TO ILLNESS, HOLIDAYS, VACATIONS, OR WEATHER-RELATED CANCELLATIONS

I GIVE MY PERMISSION TO...

I ALLOW DON MILLS ACHIEVEMENT CENTER TO USE MY CHILD'S PHOTOGRAPH FOR PUBLICITY PURPOSES IN **ALL** FORMS OF SOCIAL MEDIA (NEWSPAPER, FACEBOOK, INSTAGRAM, WEBSITE, ETC...)

YES, I AGREE THAT WOULD BE WONDERFUL



677 Hospital Drive • Suite J • Warren, PA 16365 • 814.723.5730

**EARLY CHILDHOOD LEARNING CENTER
APPLICATION FOR ENROLLMENT
2021 – 2022
FOR STUDENTS ENTERING KINDERGARTEN THE FOLLOWING YEAR**

[THIS INFORMATION WILL BE KEPT CONFIDENTIAL]

GENERAL CHILD AND FAMILY INFORMATION.

PLEASE LIST THE MOST UP TO DATE INFORMATION AND ADVISE US OF ANY CHANGES THROUGHOUT THE SCHOOL YEAR.

CHILD'S FULL NAME

NAME TO BE USED AT SCHOOL

MALE OR FEMALE _____
DATE OF BIRTH _____
HOME ADDRESS _____ CITY & ZIP CODE _____

MOTHER'S NAME _____
EMPLOYER/PHONE _____
FATHER'S NAME _____
EMPLOYER/PHONE _____
HOME PHONE NUMBER _____
MOM CELL PHONE _____ DAD CELL PHONE _____
EMAIL ADDRESS (MOTHER OR FATHER) _____

[EMERGENCY CONTACTS]

IN CASE OF AN EMERGENCY, WHERE THE PARENTS ARE UNABLE TO BE REACHED, THOSE LISTED BELOW WILL BE CALLED TO PROVIDE CARE OR TRANSPORTATION.

IF THERE ARE PEOPLE OTHER THAN PARENT OR GUARDIAN PICKING UP/DROPPING OFF DAILY, PLEASE LIST HERE AS WELL. THEY SHOULD BRING ID WITH THEM THEIR FIRST TIME DOING SO, WE LIKE TO PUT A FACE TO THE NAME.

- 1. NAME _____ RELATIONSHIP _____
ADDRESS _____
PHONE _____
- 2. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
- 3. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

[CONFIDENTIAL INFORMATION]

THIS EXTRA INFORMATION IS HUGE FOR US TO GET TO KNOW AND UNDERSTAND YOUR CHILD BETTER. IT IS IMPORTANT THAT WE OBTAIN SOME KNOWLEDGE OF THEIR LIVES OUTSIDE THE PRESCHOOL CLASSROOM.

SIBLINGS (NAME AND AGE)

OTHERS IN HOME