

## Foundations Preschool Tuition Program Application

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 6 months – 6 years old.

Additional forms needed with completed application:

1. Birth certificate
2. Proof of income (3 current pay stubs- full time; 6 for part-time, 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
4. Foundation Preschool Enrollment forms.

Date received \_\_\_\_\_

Requested Start date \_\_\_\_\_

### 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



## 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 pay 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: \_\_\_\_\_

**Child's name:** \_\_\_\_\_

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?

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