



Toddler Program Application

For children 18 – 30 months old.

Foundations Preschool is open Monday – Friday 7:00am – 6:00pm, 50 weeks a year. We provide breakfast, lunch and 2 snacks during the day. Weekly Tuition is \$320. The Daily Rate is \$65 per day with a 2-day minimum.

You may be eligible for a scholarship based on family income and size. Weekly rates with scholarships are \$310 - \$220. We accept both DHHS (Department of Health and Human Service) and CCN (Child Care Network) scholarships.

Forms needed to complete application:

1. Birth certificate
2. Proof of income for the family: current pay stubs; 3 for full time; 6 for part-time/Tax 1040 form/ 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 Toddler APPLICATION

Child's Name: _____
Last First Middle

Name child likes to be called: _____

Date of Birth: _____ Male Female Diapers: YES / NO Pull-ups: YES / NO

Street Address: _____

City: _____ State: _____ Zip: _____

We are interested in applying for: ___5 days/wk ___4 days/wk ___3 days/wk ___2 days/wk

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/Guardian's name _____

Address: _____

Cell # _____ Home # _____ Work # _____

E-Mail Address _____

Parent/Guardian's name _____

Address: _____

Cell # _____ Home # _____ Work # _____

E-Mail Address _____

Child's name: _____

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

Is your child able to communicate their needs? _____

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 information or concerns you would like to share with us (about family or child)?



Application for Tuition Assistance

SECTION 1 – APPLICANT INFORMATION

Name of applicant (parent/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 providing support- 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: _____