



Tuition Program Application

The **Early Preschool Program** is available for children 2.5 years' old-4 years old. The **Preschool** is for children 4+ years old.

Tuition is \$280 per week. We accept both DHHS (Department of Health and Human Service) and CCN (Child Care Network) scholarships. Families may be eligible for our in-house scholarship. .

Forms to be sent with this application:

1. Proof of age for child
2. Proof of income for the family: current pay stubs; 3 for full time; 6 for part-time or Tax 1040 form or letter from employer. Include any child support, alimony, scholarships or grants received. Contract agreements with DHHS/CDC or ChildCare Network.

Before enrollment can be finalized the following needs to be complete

1. Health appraisal/ annual physical
2. Updated immunization records
3. Foundation Preschool Enrollment forms.
4. Classroom visit

Foundations Preschool, 3770 Packard Rd, Ann Arbor, MI 48108

Phone: 734-677-8130 Fax. 734-677-0280

Email: info@foundations-preschool.org

Date received _____



Foundations Preschool Application

Section 1: Information

Child's full name: _____

Date of Birth: _____ Male Female

Hispanic Am. Indian/Alaskan Native Arab/Middle Eastern Asian/Asian American
 Black/African American Native Hawaiian/Pacific Islander White/ Caucasian Other/Multi-Racial

I'd like my child to start school (date) _____

Primary Parent/Guardian's name _____

Address: _____

Primary phone number _____ Additional phone _____

E-Mail Address _____

Additional Parent/Guardian's name _____

Address (if different) _____

Primary phone number _____ Additional phone _____

E-Mail Address _____

Number of adults in the home _____

Number of children in the home _____



LIST ALL PEOPLE LIVING IN YOUR HOME

| Name (First and Last) | Birthdate | Relation to You |
|-----------------------|-----------|-----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

SECTION 2 – EMPLOYMENT INCOME

(Report all adults living in home- please provide a 2 months of pay stubs for each person)

| Employer Name | Gross Monthly Income |
|---------------|----------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

SECTION 3– SELF-EMPLOYMENT INCOME

| Type of work | Gross Monthly Income |
|--------------|----------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |

SECTION 6 - UNEARNED INCOME (check all that apply for any adult living in the home)

Do you, or other adults in your household, receive any other income than listed above?

No Yes (check all the boxes below that apply)

- | | |
|--|---|
| <input type="checkbox"/> DHS cash assistance | <input type="checkbox"/> Education grants or loans |
| <input type="checkbox"/> State Disability Assistance | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Workers compensation |
| <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Social Security benefits | <input type="checkbox"/> Housing assistance |
| <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Veterans benefits |

Other:

All the information I have provided is, to the best of my knowledge true and correct.

Signature: _____ Date: _____

Family Questionnaire

Child's name _____ Nickname _____

Language(s) spoken at home _____

Allergies or health conditions _____

Mother's name _____ Father's name _____

Are there special family arrangements, such as shared parenting or custody specifications?

Are there any changes or transitions that your child has recently experienced or is experiencing?

Does your child have any food allergies or restrictions? _____

Has your child had their vision and hearing checked? _____

Are there any vision or hearing concerns? _____

Does your child currently receive any of the following services?

Early Intervention Hearing and Speech Other _____

Has your child been in a daycare before? If yes, where?

How did they do there?

What are you and your child excited about as they start this program?