



4936 Old Irwin Simpson Road, Mason, Ohio 45040  
513-398-6928

<b>Office Use:</b>
Rec'd: _____
App Fee : _____ Check # _____
Date Rec'd. _____
Deposit: _____ Check # _____
Date Rec'd. _____

**EARLY CHILDHOOD APPLICATION**  
**(Newly Enrolled Student)**  
Full Day Programs 2010/11

Child's Full Name _____	(Nickname) _____	Date of Birth _____	Gender _____
Home Address / Street _____	City _____	State _____	Zip _____
Home Telephone _____	Home e-mail address _____		

Child will be entering as a(n):  INFANT (6 wks. – 18 mos.)  TODDLER (19- 30 mos.)  TRANSITIONAL PRESCHOOLER (30 mos. and older)

Anticipated start date at TCP: \_\_\_\_\_

Please see TCP Enrollment Agreement for specific enrollment options and fees.

**PARENT INFORMATION**

FATHER: (please circle) Mr. Dr. (M.D. Ph.D. Other: \_\_\_\_)

MOTHER: (please circle) Mrs. Ms. Dr. (M.D. Ph.D. Other: \_\_\_\_)

Full Name \_\_\_\_\_ (First name you go by)

Full Name \_\_\_\_\_ (First name you go by)

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Employed By: \_\_\_\_\_

Employed By: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**CHILD AND FAMILY INFORMATION**

Siblings (for each child, please provide name / date of birth / school attended / grade)


In what School District do you reside? \_\_\_\_\_

What specific goals do you have for your child in our Early Childhood Program?:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## CHILD AND FAMILY INFORMATION (cont.)

Are you aware of your child having any special needs? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Is English your first language? \_\_\_\_\_ If no, what language do you speak in your home? \_\_\_\_\_ Does your child speak English? \_\_\_\_\_

Has your child attended another school or child care facility? \_\_\_\_\_ If yes, please provide dates, names and locations of schools attended: \_\_\_\_\_

How often does your child have interaction with children outside his / her immediate family? \_\_\_\_\_

Please describe your child's personality (or use ten descriptive adjectives): \_\_\_\_\_

Describe your method and / or philosophy concerning discipline: \_\_\_\_\_

How did you learn about The Child's Place? (provide specific names, if applicable) \_\_\_\_\_

### PLEASE NOTE:

- **A one-time, non-refundable Application Fee in the amount of \$50.00 must accompany your signed Application.**
- **An additional enrollment deposit is required to secure your place in our Early Childhood Program. The deposit is non-refundable and due back with your signed Enrollment Agreement. The deposit is equal to two weeks of tuition.**
- **Within one calendar week of our contact with you regarding acceptance, the signed Agreement together with the enrollment deposit must be received by the School to secure your child's space. Tuition payments are non-refundable. Failure to make this enrollment deposit within the designated time frame will result in forfeiting the space.**
- **2 weeks written notice of withdrawal is required. If received on time, the enrollment deposit will be applied to the last 2 weeks of enrollment. Otherwise, the deposit will be forfeited.**

**SUMMER PROGRAM:** Our Full-day Program runs on a 12 month basis.

### OTHER INFORMATION

- Children are not covered under an accident insurance policy for injuries that may be received while engaged in school activities. Parents will need to have their own medical insurance for any injuries or illnesses that may be sustained while at The Child's Place
- Children enrolled in the all-day program bring their own lunch. The School will provide milk at lunchtime and snacks in the morning and afternoon.
- Diapers or pull-ups required for children during their time at The Child's Place will be supplied as part of the tuition. If your child requires a special brand or type not in our inventory, we will store them and use them as you direct, but you will need to supply them at your expense.

I have read all the information provided on this application and in the Enrollment Agreement and agree to all the terms:

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

The Child's Place recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition the School will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.