

Office Use:
 App Fee : _____ Check # _____
 Date Rec'd. _____
 Deposit: _____ Check # _____
 Date Rec'd. _____



Office Use:
 Rec'd: _____
 Start Date: _____

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

EARLY CHILDHOOD PROGRAM APPLICATION

(Newly Enrolled Student)
 Half Day – 9 months (Sept-May)
 School Year – 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:

Half Day:

(Age as of Sept. 30th)

Toddler (19 - 29 mos.) 8:30-11:30 am

M-F \$656/month M/T/W \$457/month TH/F \$330/month

Transitional Preschool (30 mos. By Sept. 30th) 8:30 – 11:30 am

M-F \$656/month M/T/W \$457/month TH/F \$330/month

Preschool (36 mos. by Sept. 30th) 8:30 – 11:30 am

M/T/W \$405/month TH/F \$290/month

AM and PM Extended Care is available for children enrolled in the above classes @ \$7.50/hour.

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. _____

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 Childs 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 one month 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.**
- **Written notice of withdrawal is required before the 1st day of the final month of enrollment (no proration). If received on time, the enrollment deposit will be applied to the last month of enrollment. Otherwise, the deposit will be forfeited. The deposit will automatically be applied to May tuition for those completing the school year.**
- **In addition to the first of nine monthly payments due with the Enrollment Agreement, monthly payments are due on the first of the month starting with September 1.**

HALF-DAY EXTENDED CARE (weekly rates)

(Please check all that apply)

<input type="checkbox"/> 7:30 am – 8:30 am	M/T/W <u>\$22.50</u>	TH/F <u>\$15.00</u>
<input type="checkbox"/> 11:30 am - 12:30 pm	M/T/W <u>\$22.50</u>	TH/F <u>\$15.00</u>
<input type="checkbox"/> 11:30 am – 1:30 pm	M/T/W <u>\$45.00</u>	TH/F <u>\$30.00</u>
<input type="checkbox"/> 11:30 am – 2:30 pm	M/T/W <u>\$67.50</u>	TH/F <u>\$45.00</u>
<input type="checkbox"/> 11:30 am - 3:30 pm	M/T/W <u>\$90.00</u>	TH/F <u>\$60.00</u>
<input type="checkbox"/> 11:30 am - 4:30 pm	M/T/W <u>\$112.50</u>	TH/F <u>\$75.00</u>
<input type="checkbox"/> 11:30 am - 5:30 pm	M/T/W <u>\$135.00</u>	TH/F <u>\$90.00</u>
<input type="checkbox"/> 11:30 am – 6:30 pm	M/T/W <u>\$157.50</u>	TH/F <u>\$105.00</u>

PLEASE NOTE:

- This service is available for enrolled students only. Extended Care will be closed during the Thanksgiving Break (Thurs/Fri), Winter Break, Spring Break.

SUMMER PROGRAM

Our Half-day program is based on a 9 month school year (August/September – May/June). A summer camp program will be available in the June-August period. Details will be announced in early Spring.

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 extended care program bring their own lunch. The School will provide milk at lunchtime and snacks in the morning and afternoon.

I have read all the information provided on this application 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.