



# JOIN THE FUN

## FOR OFFICE USE ONLY

School Year	Date Received	Check Number	Cash?	Amount	Sibling?	Input?
	/ /	#		\$	N / Y	N / Y / Enrolled

## CHILD INFORMATION

Child's Last Name	First Name	M.I.	Nickname	Gender	Birth Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	M   F	/ /
Home Address <i>(Please note any residence changes anticipated prior to September 30)</i>					
<input style="width: 100%; height: 20px;" type="text"/>					
City	State	Zip Code	Home Phone <i>(N/A if none)</i>		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		

## PARENT INFORMATION

Mother's Last Name, First Name	Email Address	Cell Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Father's Last Name, First Name	Email Address	Cell Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

## CLASS AND PARTICIPATION CHOICES

*Classroom communities are carefully created based on multiple factors to ensure that the needs of all children are met to the fullest extent possible. For individual developmental concerns you feel may affect your child's class placement, please fill out a Class Placement Request Form (found in office) and put in Director's office mailbox prior to April 1 of the school year.*

**Class offerings - Your child must be the appropriate age on or before September 30 of the school year:**

**Membership category -** Please check category that best describes your applicant:

<input type="checkbox"/> <b>2.5 year-olds</b> , 2 days per week, Th/F <small>(Limited number of spaces available for children younger than 2.5 years.)</small>	<input type="checkbox"/> Sibling of SHPS alumni (year: _____)
<input type="checkbox"/> <b>3 year-olds</b> , 3 days per week, M/T/W	<input type="checkbox"/> Prior waitlist applicant (year: _____) or member of John Calvin Presbyterian Church
<input type="checkbox"/> <b>4 year-olds</b> , 4 days per week, T/W/Th/F	<input type="checkbox"/> New family/applicant

**Participation Preference for families of 3's & 4's** *(2's families must co-op):*

<input type="checkbox"/> <b>Co-op</b> <i>(participate in the classroom)</i>	<input type="checkbox"/> <b>Non Co-op "Buyout"</b> <i>(limited availability)</i>
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*If Buyout requested above, please provide a brief explanation of your circumstances for the request (Note: Buyouts granted in August):*

## ADDITIONAL INFORMATION

In order to better meet your child's needs, please answer the following questions. All information is kept confidential.

Is English your family's primary language?

If no, what language do you speak at home?

As required by state law, list all previous or current child-care/school experiences your child has had including location(s):

Do you have concerns about your child's development?  Is your child receiving a service (speech, occupational, physical, or other therapy)?  If yes, provide service(s) and date(s):

Does your child have asthma or a diagnosed food or environmental allergies/intolerances?  Does your child require medication(s) be kept at school?  If yes to either question, provide details below:

**Sleepy Hollow Preschool requires submitting current evaluation/testing reports at enrollment to support optimal planning for your child's success at school.**

How did you find Sleepy Hollow Preschool? *This information helps us reach new families. Please be specific.*

Word-of-Mouth from: \_\_\_\_\_

Community Newsletter/Listserv: \_\_\_\_\_

MOMs Club: \_\_\_\_\_

Other Method: \_\_\_\_\_

Google \_\_\_\_\_ Yahoo \_\_\_\_\_ Yelp \_\_\_\_\_ Other \_\_\_\_\_

Search Words Used: \_\_\_\_\_

## PARENT AGREEMENT STATEMENT

**I have read the application and understand the following:**

1. The \$75.00 Application Fee (\$50 for each additional sibling) is non-refundable.
2. If offered a space at SHPS, I will receive initial Commitment/Enrollment forms. When the forms are submitted, I am required to pay a Tuition Advance equal to one-tenth of the yearly tuition payment plus the annual Curriculum Supply Fee. If the Enrollment forms, Tuition Advance and Curriculum Supply Fee are not received by the stated due date, my child's name will be removed from the class list and a child from the Waiting List will be offered the opening. After July 31, the Tuition Advance and Curriculum Supply Fee are non-refundable.
3. Upon enrollment, I will sign the Enrollment Agreement requiring tuition to be paid monthly through January 31. Unless written notification of withdrawal is received by December 31, I am responsible for paying tuition from February through May. Submission of written notification of withdrawal by December 31 does not waive payment of January tuition.
4. Sleepy Hollow Preschool is a parent cooperative preschool. Membership requirements include (but are not limited to):
  - Each co-oping adult completing required paperwork, being trained, and helping in my child's classroom on a scheduled, rotating basis (unless my family has requested and been granted a "Buyout").
  - Attending Back-to-School Night, two General Membership meetings, and Fall and Spring Class Coffee meetings.
  - Serving on the Board of Directors or on the committee to which my family is assigned.
  - Performing four maintenance hours per school year, per family.

**Parent Signature**

**Parent Name (printed)**

**Date**

**Please make the \$75.00 check payable to Sleepy Hollow Preschool, Inc. or "SHPS"**

**Place the application and the application fee in Membership mailbox in the school office.**

Sleepy Hollow Preschool does not discriminate on the basis of race, color, differing abilities, national or ethnic origin, gender or creed in the administration of its educational policies, admission policies, scholarship or other school programs.

**Sleepy Hollow Preschool is a peanut- and nut-free school zone at all times.**