



Foundations Preschool of Washtenaw County

Welcome to Foundations Preschool!

Foundations Preschool has both tuition-based and free preschool programs. The Great Start Readiness Program is a free, part-time pre-K program and must first be applied for through the county's website: washtenawpreschool.org

We accept both DHHS (Department of Health and Human Service) and CCN (Child Care Network) scholarships, Veterans, Universities, etc. Families may also be eligible for our in-house scholarship.

Forms to be submitted with the application:

1. Proof of age for child (birth certificate, verification of birth from hospital, passport)
2. Proof of income for the household: 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
3. Contract agreements with DHHS/CDC or ChildCare Network.

Before enrollment can be finalized the following needs to be completed.

1. Health appraisal/ annual physical
2. Updated immunization records
3. Foundation Preschool enrollment forms (will be provided at enrollment meeting)
4. Classroom visit

The first day will be **no less than 5 days** after all documents/enrollment paperwork is completed. This allows teachers and staff time to prepare and welcome your child properly.

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: Family information

Child's name: _____ Date of Birth: _____
(first) (last)

(*for reporting purposes only)

Assigned gender at birth* Male Female

Ethnicity*

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

Parent/Guardian's name _____

Address: _____

Primary phone number _____ E-Mail Address _____

Parent/Guardian's name _____

Address (if different) _____

Primary phone number _____ E-Mail Address _____

Section 2: Program Enrollment - All programs are full day/full week unless indicated.

Please select program based on age of child at time of enrollment.

Infant/Transition Toddler (6 weeks – 15 months)	\$1455/month	or	\$73/day for	M/W/F or	T/Th
Toddler 1 (16 months- 23 months)	\$1455/month	or	\$73/day for	M/W/F or	T/Th
Toddler 2 (24 months- 35 months)	\$1455/month	or	\$73/day for	M/W/F or	T/Th
Preschool (3 – 4 years)	\$1235/month				
Pre-Kindergarten (4-5 years)	\$1235/month				

Requested start date: _____

LIST ALL PEOPLE LIVING IN YOUR HOME

Name (First and Last)	Birthdate	Relation to child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

SECTION 3 – EMPLOYMENT INCOME

(Report all adults supporting the child)

Gross Monthly Income

List adult name and employer

(For reporting purposes)

1. _____	_____
2. _____	_____
3. _____	_____

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

Signature: _____ Date: _____

Family Questionnaire (to better help us understand your child and their needs)

Child's full name _____ Nickname _____

Language(s) spoken at home _____

Is your child in diapers or pull-ups (circle one)? Diapers Pull-ups

Do you (or any health/educational professional) have any concerns about the child's development or behavior?

Has the child been seen for any of the following services? If yes, where? _____

Early Intervention Hearing, and Speech Other _____

Does the child currently receive any of special services? If yes, where? _____

Early Intervention Hearing and Speech Other _____

Does the child have an IEP or IFSP? Yes No

If yes, from where? _____

Does your child have any allergies (food or other)? _____

Has your child had their vision and hearing checked? If yes, when? _____

Are there any vision or hearing concerns? _____

Has your child been in a daycare setting before? Yes No

If yes, where and for how long? _____

Why did they leave?

What are you looking forward to as they start this program? _____

What are the child's favorite activities? _____

Are there family arrangements, such as shared parenting or custody specifications that we should know?

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