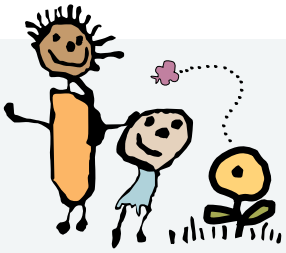

Foundations Preschool
of Washtenaw County

Welcome to Foundations Preschool!

Foundations Preschool offers sliding-scale tuition for childcare and preschool, as well as a free Pre-K program through the Great Start Readiness Program (GSRP). Families must first apply for GSRP through the county's website. You can find step-by-step instructions here: https://www.foundations-preschool.org/gsrp/

We accept both DHHS (Department of Health and Human Service) and CCN (Child Care Network) scholarships, Veterans, Universities, etc. Families may 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, W2 or letter from employer. Include any child support, alimony, scholarships or grants.
3. Contract agreements with DHHS/CDC or ChildCare Network if applicable.

Before enrollment can be finalized and a start date assigned, the following needs to be completed:

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

**If applicable, forms for the following must be completed:*
Food allergies, medical conditions, medication needed and action plans.
Proof of DHHS/CDC and/or ChildCare Network scholarships

The child's first day will be no less than 5 school days after all required paperwork has been received and reviewed by the office staff. This allows teachers and staff time to prepare and welcome your child properly.

Instructions

Complete this form and send it to: enroll@foundations-preschool.org
Or scan the QR code to enroll online!

3770 Packard Rd, Ann Arbor, MI 48108 | Phone: 734-677-8130 | Fax: 734-677-0280
info@foundations-preschool.org | Hours: Monday-Friday 7:00am - 6:00pm

Requested Start Date:

Family Information

Name of Child

Birthdate

Assigned gender at birth* Male Female *for reporting purposes only

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

Email Address

Preferred contact method: phone text email

Parent/Guardian's Name

Address (if different)

Primary Phone

Email Address

Preferred contact method: phone text email

Program Enrollment

All programs are full day/full week unless indicated. Select a program based on the child's age at time of enrollment. Tuition is charged weekly.

Infant/Toddler (6 weeks - 15 months)	$430/full week	$290 M/W/F	$200 T/Th
Toddler (15 months - 33 months)	$430/full week	$290 M/W/F	$200 T/Th
Lower Preschool (30 - 40 months)	$385/full week		
Upper Preschool (3 - 4 years)	$340/full week		
Pre-Kindergarten (4 - 5 years)	$340/full week		

List all people living in your home. Include Name, Birthdate, and relation to child.
One per line, please.

Employment Income

Report all adults supporting the child. List name, employer and gross monthly income.
One per line, please.

Family Questionnaire

To help us understand your child and their needs.

Child's full name

Nickname

Language(s) spoken at home

Is the child able to indicate when they need to use the bathroom? Yes No

If No, is your child in diapers or pull-ups? Diapers Pull-ups

Any concerns with the child's development (speech, movement, eating) or behavior?

Yes No If yes, from where?

Has the child had their vision and hearing checked? Yes No

If yes, when?

Any concerns?

Has the child been seen for Early Intervention services? Yes No

If yes, from where?

Does the child have an IEP or IFSP? Yes No

If yes, from where?

Does your child have food allergies or food restrictions? Yes No

If yes, please list.

Does your child have any medical conditions we need to be aware of? Yes No

If yes, please list.

Does your child have any speech, hearing or vision problems? Yes No

If yes, please list.

Are there any restrictions on play or activities for your child? Yes No

If yes, please list.

What is the child's temperament (shy, outgoing, demanding, helpful, kind...)

Are there behavior triggers (loud noise, crowded spaces, darkness...) for them you'd like to share?

Does the child have a routine for bedtime that would be helpful for our naptime? Yes No

If yes, please explain.

Has the child been in daycare before? Yes No

If yes, where and for how long?

If yes, why did they leave?

What are the child's favorite activities?

Are there any recent changes in the child's life? (moved, family members...)

Anything else you like to share with us?

Form Submission

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

Signature

Date