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PRESCHOOL APPLICATION

Date _____

FAMILY INFORMATION

Complete ONE form per family (front & back). Please type or print clearly and complete all items.

CHILDREN APPLYING FOR PRESCHOOL

NAME	Male	Female	Nonbinary	Date of Birth	Semester	
					<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Fall	<input type="checkbox"/> Spring

PARENT/GUARDIAN INFORMATION

	Parent/Guardian #1	Parent/Guardian #2
Name		
Prefers to be called		
Relationship to applicant		
Home address		
City, State, Zip		
Primary phone		
Secondary phone		
Email		
Occupation		
Employer		
Level of education		
Date of birth		
Primary language spoken at home		

Gender: Male Female Nonbinary Male Female Nonbinary

Check any that apply: Married Domestic partners Long-term relationship
 Divorced Separated Never married

Applicant(s) reside with?



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SIBLINGS OR OTHER CHILDREN IN FAMILY

Name	Male	Female	Nonbinary	Date of Birth	Lives in Home
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Other individuals living in the household? Yes No If yes, please list names and relationship to the child:

FAMILY HISTORY

Describe any history of developmental delays, learning difficulties, behavioral challenges, mental health disorders, and/or medical conditions in family members:

YMCC and the families of our students are partners in providing an educational environment where children learn, grow, and thrive. Please indicate your agreement with the following statements. There are no right or wrong answers.

		Strongly agree	Agree	Unsure/neutral	Disagree	Strongly disagree
1.	Each child has a unique combination of strengths and challenges and with individualized instruction can reach their potential.					
2.	Inclusion is good for everyone: all people benefit from a sense of belonging, support, trust, and mutual respect.					
3.	I have implemented advice regarding my child's behavior and development.					
4.	Families are children's first and most important caregivers, teachers, and advocates.					
5.	I am willing and able to create a flexible schedule to accommodate the needs of my child's education.					
6.	I will actively participate in my child's education and on-going parent trainings.					
7.	I am eager to receive comprehensive training and support to learn how I can help my child.					
8.	With coaching and training, I can provide my child everyday learning opportunities.					
9.	I respond well to stressful parenting situations.					
10.	I have a strong network I turn to for emotional and functional support.					
11.	All primary caregivers for my child share similar parenting strategies and beliefs.					
12.	I effectively communicate and advocate for my needs and the needs of my child(ren).					
13.	I am interested in building my network of support.					



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APPLICANT/CHILD INFORMATION

Complete ONE form per applicant (front & back). Please type or print clearly and complete all items.

Full Name: _____ Nickname: _____ Current Age: _____
Last First

Does your child have a diagnosis? Yes* No Does your child have insurance? Yes No
If yes, please list: If yes, please list:

*If your child has a diagnosis/es, you must submit a copy of the evaluation report/s with this application.

Health & Educational History of Child

DEVELOPMENTAL HISTORY & MILESTONES

List age (in months) at which your child did the following. Write NA if milestone has not yet been reached.

Sat alone: _____ Ate solid food: _____
Crawled: _____ Babbling/Cooing: _____
Stood alone: _____ First words: _____
Walked alone: _____ Combined 2 words: _____
Potty trained: _____ 3-4 word sentences: _____

Any concerns regarding developmental milestones?

Please indicate any difficulties your child has had with the following:

Toileting: Current Past Never Explain: _____
Eating: Current Past Never Explain: _____
Sleeping: Current Past Never Explain: _____

Allergies, medical conditions, and/or mental health disorders? YES NO
Serious illness or hospitalization? YES NO
Does your child take any medication(s) or supplements? YES NO

Please list and attach copies of any tests, evaluations, or screenings:

Reason for Evaluation:	Provider:	Date Administered:



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Please list all schools and/or daycares attended:

School/Facility Name:	Dates Attended:

SERVICES YOUR CHILD HAS RECEIVED

Please mark all that apply; include current and previous services.**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Play Therapy |
| <input type="checkbox"/> ABA Therapy | <input type="checkbox"/> Social Skills Classes | <input type="checkbox"/> Cognitive Behavior Therapy | <input type="checkbox"/> Aquatic Therapy |
| <input type="checkbox"/> Therapeutic Feeding | <input type="checkbox"/> Therapeutic Listening | <input type="checkbox"/> Equine Therapy | <input type="checkbox"/> Other: |

** Please submit a copy of the most recent evaluation and/or progress report/s with this application.

We want to learn about each child from the people that know them best. Please respond to the following questions.

What are the first words that come to mind that best describe your child?

Why do you feel our preschool is a good match for your child?

What do you hope your child will gain from their experience?

What do you hope to gain from your experience?

What are your child's favorite activities and special interests?

What do you consider to be your child's greatest strengths? What do you consider to be your child's greatest challenges?

Is there anything else you'd like us to know about your child or family?

Thank you for taking the time to complete this application!

By signing this form, I attest the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____