

Hello Families,

We would like to thank you for choosing Itsy-Bitsy Scholars for you child/children’s home away from home learning environment. Our mission is “All Children Can Learn and We Do This All Through Play. We provide them with a safe, healthy, nurturing, loving, caring and learning environment. We are here to assist your child with building relationships. Our goal is to introduced children to an experience of social, physical, cognitive and emotional development. Nothing is forced here we believe all are different individuals and everyone learns differently.

An application is attached, after filling it out please pay your fee of $75. This fee is required for each child in order to enroll or be placed on our wait list. I understand that this application fee is nonrefundable and secures a spot on the wait list, but it does not guarantee your child a space at Itsy- Bitsy Scholars.

I understand and will pay the $75 fee via Venmo.

I understand this application fee is non-refundable. I will send payment via Venmo to Itsybitsyscholars@Aaminah.

Once you child is enrolled an agreement, handbook and other document will be sent to you. All fees are paid a week or month in advance, depending on your pay arrangement. Please send all documents back, filled out, print clearly and with a first payment. All weekly payments are due the Friday before the next week starts. If you have any questions, please feel free to contact me.

Note: All Children 20 months and older wear uniforms: The colors are red shirt and tan bottoms. Please try to purchase the darkest tan such as cinnamon or brown, this may avoid how soiled the uniform may get. We will give you some time to purchase, no real rush.

**After downloading this form, Please email it to Itsybitsyscholars@gmail.com**

Thanks Again!

Minah

**ITSY-BITSY SCHOLARS**

# FAMILY INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s/Guardian’s Full Name |  |  | Relationship to Applicant |
| If Remarried, Spouse’s Name |  |  |  |
| Home Address *(If different from* | *Applicant)* |  |  |
|  |  |  | Phone |
| City Cell | State | Zip |  |
| Employer Daytime Phone |  |  |  |
| Employer’s Address Email |  |  |  |
| Parent’s/Guardian’s Full Name |  |  | Relationship to Applicant |
| If Remarried, Spouse’s Name |  |  |  |
| Home Address (*If different from* | *Applicant*) |  |  |
|  |  |  | Phone |
| City Cell | State | Zip |  |
| Employer Daytime Phone |  |  |  |
| Employer’s Address Email |  |  |  |

Please clarify pertinent custody, living, and visitation arrangements that may be of concern (i.e. release of child)

Is the non-custodial Parent to receive correspondence? Please List siblings of Applicant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sibling Name |  | Age |  | School |  |
| Sibling Name |  | Age |  | School |  |
| Sibling Name |  | Age |  | School |  |

# MEDICAL INFORMATION

|  |  |  |
| --- | --- | --- |
| Primary physician’s name | Primary physician’s practice name | Phone |
| Physician’s practice address City State | Zip |
| Preferred hospital/clinic for emergency care City | State |
| Dentist’s name Dentist’s practice name | Phone |
| Dentist’s practice address City State | Zip |
| Child’s health insurance provider Policy number Secondary health insurance name provider name | Policy number |

Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.

# ADDITIONAL INFORMATION

Describe your child: emphasize academic and personal strength, as well as challenges your child might face.

What are you looking for in a school, in order of priority?

How did you hear about us list resources? Please list relative or friends that may have attended.

Jubilee School

?

How did you hear about Please list relatives or friends that may have attended.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

# Please pay application fee of $75 via Venmo Itsybitsyscholars@Aaminah

$75

**APPLICANT INFORMATION**

☐ PREK 3 ☐ PREK 4

**2019-2020**

Apply for:

Date of Birth ☐ Male ☐ Female

Class applying for

Apply for

Applicant’s Name Last

First Middle

Current Address State Zip

Street City

Phone Email

**ACADEMIC INFORMATION**

Present School Grade

Address Phone

Street City State Zip

Grades Completed Dates Attended

Previous Schools Attended:

Name of School Address Grade/Dates Attended

**\*Copies of educational or psychological evaluations are to be submitted with application. \***