



elementary school admissions packet  
EARLY CHILDHOOD CENTER, AGES 2-5

*From our campus to the wilderness, Community School's mission is to inspire students to think critically, engage confidently, embrace challenges, and lead impactful, purposeful lives.*

# application procedure

As part of the admissions process, the school requires specific documents to assist in the selection of students. The school cannot make enrollment decisions until all documents have been received. Below is an admissions checklist. We accept applications beginning September 1 for the following school year. Please be certain that all required steps are taken to ensure that documents are completed and sent to the Admissions Office by the application deadline.

**Requirements** Applicants to the ECC must have reached two years of age by September 1 of the year of entrance. Children who have reached four years of age by September 1 of the year of entrance are encouraged to attend the five-days/week program (8 a.m. to 1 p.m.). We require the following for a complete application:

- **An Application Form** Please indicate below the program that you prefer. We must balance the class in terms of gender, the ages of the children and teacher/student ratios; consequently, we are not able to accommodate all requests.
- **A Parent Statement** Please complete the enclosed Parent Statement and return it to the Admissions Office with your application form.
- **A Teacher Feedback Form** If your child has been enrolled in a preschool program, please send the enclosed form to your child's teacher after January 1 for him/her to complete and return to Community School.
- **A tour or visit** Please contact the Director of Admissions to schedule a tour of our campus and a meeting with the Elementary School Director.

Parents' Name(s) \_\_\_\_\_

Child's Name\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\*please fill out a separate form for each child applying.

## PROGRAM OPTIONS

### Toddler (for children who turn 2 by September 1)

#### Hours

**2017-2018** (Tuition Increases annually)

Three Day (Please mark your preference of days.)

M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

8 a.m. to 1 p.m.

\$7,700

Four Day (Please mark your preference of days.)

M\_\_\_\_ T\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

8 a.m. to 1 p.m.

\$9,150

Five Day (Monday through Friday)

8 a.m. to 1 p.m.

\$10,400

\* There is no guarantee you will get the days you request, but we will do our best to accommodate your needs.

### Primary (for children who turn 3 by September 1)

#### Hours

**2017-2018** (Tuition Increases annually)

Three Day: M/W/F

8 a.m. to 1 p.m.

\$7,700

Four Day (Please mark your preference of days.)

M/T/Th/F\_\_\_\_ T/W/Th/F\_\_\_\_ M/T/W/Th\_\_\_\_

8 a.m. to 1 p.m.

\$9,150

Five Day (Monday through Friday)

8 a.m. to 1 p.m.

\$10,400

\* There is no guarantee you will get the days you request, but we will do our best to accommodate your needs.

# application for admission

Date \_\_\_\_\_

## APPLICANT INFORMATION (Please print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade applying for \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

## CONTACT INFORMATION

Parent Name \_\_\_\_\_

Parent Mailing Address \_\_\_\_\_

Parent Street Address \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Business Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Parent Email Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Mailing Address \_\_\_\_\_

Parent Street Address \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Business Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Parent Email Address \_\_\_\_\_

If parents are separated or divorced, with whom does the applicant reside? \_\_\_\_\_

Sibling Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sibling Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grandparent Name \_\_\_\_\_ Grandparent Phone \_\_\_\_\_

Grandparent Address \_\_\_\_\_

Grandparent Name \_\_\_\_\_ Grandparent Phone \_\_\_\_\_

Grandparent Address \_\_\_\_\_

Are there any special circumstances in your child's life of which you would like us to be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_



# parent statement • early childhood center

Thank you for your interest in Community School. We consider parents to be an integral part of a child's education. Your description of your child will help us understand him/her better. *(Please use a separate sheet of paper to respond.)*

1. Describe your child, including strengths and challenges, motivation, and needs.
  - a. General temperament
  - b. Emotional development
  - c. Social relations (adults & peers)
  - d. Physical stamina/health
2. If your child has previous school or childcare experiences, please describe them.
3. Describe the activities you do as a family.
4. Describe any aspects of your family history or structure that are significant to your child's schooling (e.g., marital separation, divorce, death of a family member, addition of a new family member, change in financial state, change in residence).
5. What are your short and long term goals for your child and how does Community School fit with your vision?

*When making admission decisions, we look at four major areas of a child's development: motor, language, cognitive, and social/emotional. It can also be helpful to visit a child in his/her current setting in addition to having the child visit Community School or participate in a developmental assessment. We ask your permission to visit or call your child's school or daycare.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Child's Current Teacher \_\_\_\_\_

Current School \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Daycare Provider \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_



# Applying to Early Childhood Center teacher evaluation

Due by \_\_\_\_\_

## TO THE PARENTS OF THE APPLICANT

Applicant's Name (Please print) \_\_\_\_\_ Applying to Grade \_\_\_\_\_

**INSTRUCTIONS** If your child is currently enrolled in a preschool, please give this form with a stamped envelope to the appropriate teacher at your current school, after January 1. Make sure the teacher is aware of the application deadline.

## TO THE TEACHER

Person Completing Form \_\_\_\_\_

Grade Level Taught \_\_\_\_\_ School \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Dear Teachers,

Recognizing that completing this form is not part of your official duties, the school greatly appreciates your helping the applicant by supplying the information requested. Please return the evaluation form in the envelope provided to Community School at the address printed below. *The information submitted will be considered confidential and will not become part of the student's school records. Your candor will benefit the applicant and the school.* Thank you!

Describe the setting in which you know this child. How long have you known him/her? \_\_\_\_\_

\_\_\_\_\_

Please describe this child's general temperament. \_\_\_\_\_

\_\_\_\_\_

How does this child relate to other children, one-on-one and as a group member? \_\_\_\_\_

\_\_\_\_\_

Please describe his/her strengths at this time in his/her life. \_\_\_\_\_

\_\_\_\_\_

What are this child's challenges at this point in time? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about this child's emotional, social, and/or cognitive readiness? If so, briefly explain. \_\_\_\_\_

\_\_\_\_\_

Are the parents supportive of the child? Are they supportive of school policies and faculty? Do they interact in the school's life? \_\_\_\_\_

\_\_\_\_\_

If the school needs clarification, may we contact you by phone?  Yes  No Phone \_\_\_\_\_

By Email?  Yes  No Email \_\_\_\_\_