

THE CHILD EDUCATION CENTER

PRESCHOOL APPLICATION

FOR

2024/2025 SCHOOL YEAR

Family Physician: _____ Phone: _____

Health Insurance: _____

Hospital Preference (In Case of Emergency): _____

LIST ANY INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD TO HELP US WORK WITH HIM/HER (Allergies, Speech and/or Hearing Problems, etc.):

Name and Birth date of Brothers and/or Sisters:

Name Month Day Year

List Pet/s and Name/s:

Do you have a special talent to share with the class?
(EXAMPLE: Story telling, playing a musical instrument, etc.)

Name: _____ Talent: _____

We understand the philosophy of THE CHILD EDUCATION CENTER and we are willing to commit ourselves to the Parent Conferences. We are also agreeing to pay our child’s monthly tuition fee by the first of each month.

Father’s Signature Date

Mother’s Signature Date

THREE-YEAR OLDS

Tuesdays - Thursdays
9:00 A.M. - 12:00 P.M.

AND

FOUR & FIVE YEAR OLDS

Tuesdays - Thursdays
8:45 A.M. - 12:15 P.M.

The Child Education Center does not discriminate against applicants and students on the basis of race, color and national or ethnic origin.

**THE CHILD EDUCATION CENTER
WEST YORK CHURCH OF THE BRETHREN**

**5101 Darlington Road
York, PA 17408
717-792-9260**

Website: www.westyorkcob.org

E-mail: westyorkchurch@gmail.com

Facebook: Go to Preschool page on the above church website and find the link to our Facebook page.

PHILOSOPHY

The school will share with the parents the responsibility of providing for each child both group and individual learning experiences adapted to his/her individual growth needs and age level.

Emphasis will be on the child's positive accomplishments. The program will be structured, but flexible so that each child will be presented with options to accommodate his/her individuality.

The program will provide first-hand learning experiences which will enable the child to develop spiritually, emotionally, socially, academically, and physically.

The teacher will periodically report each child's progress to his/her parents. Parents will also be encouraged to participate in the school program in a variety of ways.

BASIC GOALS

1. Awareness of God's love for all persons
2. Develop a positive self-concept through:
Increased -
 - Independence - ability to meet and solve own problems.
 - Self-confidence - feeling good about self and abilities.
 - Feeling of security with adults and other children in various situations and new experiences.
 - Understanding of self and acceptance of reality.
 - Ability to handle emotions constructively.
 - Understanding of others and their needs.
 - Ability to handle routine situations - eating; dressing; toilet needs.
3. Promote knowledge of health and safety.
4. Promote physical development through increased motor skills - climbing, running, jumping; eye-hand coordination.
5. Develop cognitive readiness skills - auditory and visual discrimination; classifying; sequencing; and relationships.
6. Extend and enrich creative self-expression through art, music, drama, and literature.
7. Extend and enrich understanding of the world through awareness of daily events, nature, home, family, community and cultural events.
8. Develop senses and perception.
9. Promote growth in language arts - speaking; listening; reading readiness; and writing name.
10. Explore time, space and numbers.

COST

The cost is \$100 per month for the 3-year-old program and \$115 for the Four & Five year old program. A family with a second child in the program will be given a \$10 reduction in the monthly fee. **A CHILD MUST BE 4 YEARS OLD PRIOR TO SEPTEMBER 1ST TO ENTER THE 4 YEAR-OLD-PROGRAM.** The first tuition payment is due August 1st. The following payments are due the first of each month, with the last payment due on April 1st. After payment is ten days late, a **\$10.00 late charge** will be added. Please submit the attached application along with a **\$10.00 non-refundable** registration fee for each child. Mail to: THE CHILD EDUCATION CENTER, West York Church of the Brethren, 5101 Darlington Road, York, PA 17408.

RETAIN THIS PORTION FOR FUTURE REFERENCE

APPLICATION TO THE CHILD EDUCATION CENTER

{BLUE for the 3Year Old Program ~ PINK for the 4 & 5 Year Old Program}

School Year 2024/2025

Please Print or Type

CHILD'S NAME: _____
First Middle Last

SEX: Male ___ Female ___

SCHOOL DISTRICT: _____

APPLICATION FOR (Please Check One):

3 Year Old Program

4-5 Year Old Program

___ T/Th

___ T/Th

Child's Birthdate: Month _____ Day _____ Year _____

Address: _____
Street City State Zip

Home Phone #: _____ E-Mail: _____

Father's Name: _____ Cell #: _____

Address: _____
Street City State Zip

Mother's Name: _____ Cell #: _____

Address: _____
Street City State Zip

Father's Place of Employment (Phone) _____

(Name) _____

(Address) _____

Mother's Place of Employment (Phone) _____

(Name) _____

(Address) _____

Names of Persons other than parents to contact in an emergency:

Name Address Relation to Child Phone

**RETURN THIS PORTION WITH A \$10.00
NON-REFUNDABLE REGISTRATION FEE.**