Mission Neighborhood Centers, Inc. Children's Services
Mission Head Start/Early Head Start Grantee
362 Capp Street, San Francisco, CA 94110
tuitionintake@mncsf.org
T: (415) 920-0123
F. (415) 647-6911

SPANISH BILINGUAL PRESCHOOL
TUITION ADMISSIONS APPLICATION

Please PRINT CLEARLY. All questions must be answered IN FULL for your application to be processed.

Date: _____

Preferred start date (month/year) for preschool services? _____

Daily hours of care needed: _____am **to** _____pm

Select site(s) interested in being waitlist for:

Site operating Schedule is from Monday-Friday 8:00am-5:30pm

☐ **Centro de Alegría 1245 Alabama Street, SF, CA, 94110** ☐ **Mission Bay 152 Berry Street, SF, CA 94107**

☐ **Women's Building 3543 18th Street, SF, CA 94110**

(If you are applying before the birth of your child, please follow up when your child is born with the exact birth date.)

1st Child's First and Last Name:	**Date of Birth or Due Date:**
Gender: (circle one) **F= Female M= Male**	**Child's Language(s)**
Does your child have a disability or special need; speech and language or behavior concerns? **None** _____ **Suspected** _____ **Certified** _____	

2nd Child's First and Last Name:	**Date of Birth or Due Date:**
Gender: (circle one) **F= Female M= Male**	**Child's Language(s)**
Does your child have a disability or special need; speech and language or behavior concerns? **None** _____ **Suspected** _____ **Certified** _____	

Tuition Admissions Application Continues: 1 of 4 pages

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1st Parent/Guardian First and Last Name:	**Relationship to Child:**	
Address:	**City/State:**	**Zip Code:**
Phone Number(s): **Home** (____) _____ **Cell** (____) _____	**Email Address:**	
Primary Language	**Employment** _____ **Training**_____ **Other** _____	
Name of Employer/School:	**Employer/School Phone:** (____) _____ (____) _____	
Employer/School Hours _____ to _____	**Days (please circle): M T W TH F**	

2nd Parent/Guardian First and Last Name:	**Relationship to Child:**	
Address:	**City/State:**	**Zip Code:**
Phone Number(s): **Home** (____) _____ **Cell** (____) _____	**Email Address:**	
Primary Language	**Employment** _____ **Training**_____ **Other** _____	
Name of Employer/School:	**Employer/School Phone:** (____) _____ (____) _____	
Employer/School Hours _____ to _____	**Days (please circle): M T W TH F**	

List all dependent children living in the home:

		Needs preschool services?		
Name: _____	**Birth Date:** _____	Yes____	Year_____	No____
Name: _____	**Birth Date:** _____	Yes____	Year_____	No____
Name: _____	**Birth Date:** _____	Yes____	Year_____	No____

Who is currently caring for your child? _____

Tuition Admissions Application Continues: 2 of 4 pages

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Services and Tuition Fees:

Children 2.9 to 4 years of age. Tuition fee is **$1350.00** per month A deposit of **$300.00** is required during enrollment in order to secure a slot. This deposit will be applied to the last month should the child complete the school year; otherwise it will not be refundable.

Incentive: You will receive a $100.00 bonus for every family you refer and follows up with an enrollment at one of our sites.

Full payment is due on the 1st of every month. Payments received after the 3rd of the month will be subject to a 5% late fee. If payment is not received by the 5th of the month your child will be in jeopardy of losing his/her preschool slot. Tuition fee is not reimbursable if during the school year the child is out ill, or out of school for any reason.

Contract Type Information:

☐ **Private Pay**

☐ **Private Pay with Partial Scholarship** (Depending on your family income, you may qualify for some form of scholarship. I income verification and copies of pay stubs for all adults in the household will be required if financial assistance is requested. In addition to this application, please fill out the Scholarship Sliding Scale Application.

☐ **Voucher Preschool Plus (PFA)** (Please attach copy of voucher)

How did you learn about our program?

☐ Friend ☐ Fair ☐ Internet_____ ☐ Other: _____

I affirm to the best of my knowledge and belief, that the above information is accurate as stated. I understand that it is my responsibility to keep my information up to date including changes in income, contact information and any other factors which may impact my application. Furthermore, I understand that to keep my application active I must respond to annual waitlist confirmation letters or emails.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Upon filling this section out follow-up with the client to ensure they have a copy for their records.

☐ ***Application Received***

Date: _____ ***By (staff name/title)***_____

Contact Info. Notes:

_____

_____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
■ Chicken Pox		■ Diabetes		■ Poliomyelitis	
■ Asthma		■ Epilepsy		■ Ten-Day Measles (Rubeola)	
■ Rheumatic Fever		■ Whooping cough		■ Three-Day Measles (Rubella)	
■ Hay Fever		■ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ■ YES ■ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ■ YES ■ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ■ YES ■ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ■ YES ■ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ■ YES ■ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ■ YES ■ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ■ YES ■ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE