



Spuyten Duyvil

P R E S C H O O L

3041 KINGSBRIDGE AVENUE, BRONX, NY 10463 TEL 718 549 1525 FAX 718 884 0667 information@spuytenduyvilpreschool.org

NON-DISCRIMINATION POLICY

The Spuyten Duyvil Preschool admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, instruction, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

ADMISSIONS POLICY:

The Nursery class is open to all children that will be at least 2 yrs. 9 months old as of the first day of class, which is Sept. 8, 2016. Transportation arrangements to and from the school are the responsibility of the child's parents. Size of enrollment is determined by Health Department regulations. It is hoped that all families looking to join the Spuyten Duyvil community understand that the school follows a progressive philosophy in all classes, allowing children to learn about the world in authentic, hands-on ways, being active participants in their own learning, and directing curriculum through their interests and explorations.

PARENT RESPONSIBILITIES IN THE NURSERY CLASS:

1. Educational – Cooperation with the school's educational policies, including, but not limited to parental support of the child's participation in all aspects of the program. Families are expected to participate in family-teacher conferences at regular intervals; the progress of the individual child is discussed. The purpose of all meetings is educational and attendance at parent meetings is obligatory.
2. Financial – Assumption of a firm contractual obligation for a full year's fee. The school is a non-profit; timely honoring of tuition payments is expected.
3. Health – Compliance with the New York City Health Department's requirements for physical examination, vaccination, immunization and with the school's regulations on contagious diseases.

I have read the above statement and find these parent responsibilities both possible and acceptable.

Signed _____
Date _____

Please return with non-refundable application fee of \$25.00. Make checks payable to "Spuyten Duyvil Preschool". This fee and application is *only* for the private 3's program. For Universal Pre-K, please complete the Request for Future Admission form.

As applications surpass available seats, admission will be based on lottery held the first week of March. If your # of days requested have changed, be sure to let me know before the lottery. Admission is based on how many children come on 2, 3 or 5 days. If you are offered a seat, you will receive a contract with tuition based on those times. Signed contract and one month deposit will be required by a given deadline. An active wait list is maintained through next fall. Should the wait list be exhausted, admission will be on a first-come, first-serve basis.

CHILD _____

Please let us know what you expect to register for next year. You are not bound to these plans, but it will help us be able to plan for the upcoming year.

What amount of programming do you think you will be interested in?

_____ 5 days/week 9am -12 or 1-4pm

_____ 3 days M W F 9am -12 or 1-4 pm

_____ 2 days Tu Th 9am – 12 or 1-4 pm

Will you be needing extended time?

AM Nursery

_____ early drop-off (from 7:30-9 am)

Lunch Bunch:

_____ to 2:30 _____ to 4:00

_____ to 5:00 _____ to 6:00

PM Nursery

_____ Lunch Bunch 12-1

Extended Time:

_____ to 5:00 _____ to 6:00

Comments:

We appreciate your openness in completing this form. Acceptance to our nursery is not dependent on your responses. However, the more we know about your child's life, the better we can provide an appropriate learning program for him or her. Your replies to the following questions are confidential.

Application for enrollment for school year beginning September 2017-

Name of child _____ Name usually called _____

Birth Date _____ Gender _____ Adopted: Yes _____ No _____ Age: _____

(If Yes) What if anything, has your child been told about adoption?

Home Address _____
 Apt. _____ Zip _____

We are welcoming to all families. We ask this background about parents/permanent care-givers just to get a sense of who are kids are- and of course what skills may be out there in the parent community that we can make use of!

Parent's Name _____ Occupation _____ Home address (if different from child): _____ Business Address _____ Phone: home _____ Cell _____ Email _____ <hr/>	Parent's Name _____ Occupation _____ Home address (if different from child): _____ Business Address _____ Phone: home _____ Cell _____ Email _____ <hr/>
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Brothers and Sisters:

Name	Age	M/F	School Experience

Any significant home situation we should know about? What has your child been told about this?

Pediatrician _____

Address _____ Phone _____

How did you hear of our school?

EXPERIENCE AND BEHAVIOR

1. Where has your child lived since birth?
2. What adults care for him/her at present? Have there been many changes?
3. What is your child's typical response to being left with someone other than parents?
4. Activities your child enjoys most?
5. Describe type of play, i.e., shy, assertive, expressive, alone, with others, etc.
6. Has he/she had any other group experience?
7. What circumstances cause him/her to be upset, frightened or to become concerned and how does he/she react?
8. What helps to reassure him/her?
9. What fears does your child have at present?
10. What has been a more successful method of setting limits?

DEVELOPMENTAL HISTORY

1. Are there any circumstances relating to your child's birth and early development of which you feel we should be aware? _____

2. Full term? _____ Premature _____ Birth Weight? _____
3. Age your child crawled _____ Age your child walked _____
4. What adjectives best describe your child as an infant? _____
5. Age your child started speaking? _____ What do you consider most characteristic about his/her speech now? _____
6. Allergies? _____ Attitude toward food? _____
7. How is toilet training progressing? _____
8. What is your child's sleeping pattern? _____

FAMILY HISTORY

1. Has your child or any member of family been ill, involved in an accident, injured or hospitalized for any reason? (a) what was your child told? (b) What was your child's reaction?
2. Any deaths in immediate family? (a and b as in #1 above).
3. What do you feel have been your child's most difficult experience?
4. What do you hope your child will gain from this school experience?
5. Children receiving support services are welcome at Spuyten Duyvil. Please be sure to give us full background, with a copy of the evaluation so we can properly plan for your child. Please add any further information you want us to have and your child's developmental needs or anything else that will help us best work with your family.

Thank you for the time and thought you have given to this questionnaire.

Signature

Date