



Facility Address: YCCA: 929 S. Water Street Philadelphia, Pa. 19147 (215-336-3324)

YCCAon2: 1714-20 S. 2nd Street Philadelphia, Pa 19148 (267-928-4808)

Mailing Address: P.O. Box 164 Cherry Hill, NJ 08003

## Application for Preschool 2019 - 2020

- **A \$25.00 application fee must accompany the completed application**
- Upon receipt of your application and \$25 application fee we will check our enrollment to determine if we can accommodate your request
- **If we have availability and can accommodate your needs we will request a \$500 non-refundable “deposit” to reserve your child’s placement** (this “deposit” is applied to your total tuition bill)

Child’s full name: \_\_\_\_\_

Child’s address: \_\_\_\_\_

Child’s birthdate: \_\_\_\_\_ Health status \_\_\_\_\_

Please circle one location (if you don’t have a preference, circle both)

929 S. Water Street

1714 S. 2nd Street

Is there anything extraordinary or unusual about your child’s physical, mental, or emotional development that you can share with us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired schedule: (circle) Mon. Tues. Weds. Thurs. Fri.

Full days (9-3 p.m) or Extended days (anytime between 7:30 – 5:30)

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Morning Extended (7:30-3:00) or Afternoon Extended (9:00-5:30)

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Afternoon Program (3:15-5:30)

**At YCCA we give preferential consideration to our current students siblings and our Kreative Kids students. If you would be interested in signing up for our Kreative Kids Art and Music Classes please let us know below.**

(Circle) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Information about parents

Parent name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Marital status: single married separated divorced living together



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Parent #1 address: \_\_\_\_\_

Parent #2 address \_\_\_\_\_

Parent #1 phone # \_\_\_\_\_ email \_\_\_\_\_

Parent #2 phone # \_\_\_\_\_ email \_\_\_\_\_

Best way to contact you (for non-emergencies) \_\_\_\_\_

Names and ages of siblings, if applicable: \_\_\_\_\_

How did you hear about our center?

**Young Children's Center for the Arts ("YCCA") is a non-profit 501c3 organization that is dependent upon additional support to provide exceptional childcare and programming in the community. We require each YCCA family to volunteer throughout the school year at least once. Volunteer opportunities will be announced throughout the school year by email for your convenience.**

Kindly list 2 people we can call for character references:

1) \_\_\_\_\_ Phone # \_\_\_\_\_

2) \_\_\_\_\_ Phone # \_\_\_\_\_

I am interested in having my child attend the preschool program at YCCA because I want him/her to....

\_\_\_\_\_

Do you listen to music with your child? \_\_\_\_\_

Do you paint with your child? \_\_\_\_\_ Has your child ever .....

Finger painted? \_\_\_\_\_ played with play-dough or clay? \_\_\_\_\_

How often do you read with your child? \_\_\_\_\_

List several favorite books: \_\_\_\_\_

\_\_\_\_\_

Have you ever had to discipline your child for inappropriate behavior?

If so, what strategies have you used?

\_\_\_\_\_

\_\_\_\_\_

Does your child... hit? \_\_\_\_\_ bite? \_\_\_\_\_ push? \_\_\_\_\_



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**Is your child articulate? \_\_\_\_\_ If not, have you taken him/her for a speech evaluation? \_\_\_\_\_**

**Age he/she crawled \_\_\_\_\_ walked \_\_\_\_\_**

**Is your child a good listener? \_\_\_\_\_ curious ? \_\_\_\_\_**

**In what ways? \_\_\_\_\_**

**Share a favorite day's experience with your child**

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**Is there anything else you would like to share with us about your child?**

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**What activities (in or out of school) does your child enjoy most? What helps to boost his/her self confidence?**

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**What situations cause your child to experience anxiety or stress? Which activities does he/she tend to avoid?**

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**Which of your child's emerging skills and traits are you most excited and pleased about? What do you see as particular strengths?**

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**To ensure an appropriate educational and social preschool experience, YCCA reserves the right to request evaluations and/or documentation of past evaluations for children exhibiting "at risk" social, emotional, behavioral and/or educational development.**

**Has your child ever received services through Childlink (Birth to 3) or Elwyn Seeds (3-5)?**

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**Are you concerned about any aspect of your child's development? If so, please indicate the areas of development (i.e speech, physical, cognitive social) that are of concern to you.**

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**Young Children's Center For The Arts provides its community with an inclusion program that warmly embraces each and every young child, regardless of race, religion, ethnicity, and development.**

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**Parent Signature**

**Date**

***If you have knowingly omitted information on this application YCCA reserves the right to terminate the contract at any time without notice.***

***Children with special needs must first matriculate through the Inclusion Program to be admitted into the 9-3 Full Day Program. This enables YCCA to assess each child and then develop a plan that is appropriate to that child's individual needs.***