

Carteret Smart Start
Early Education Outreach Program
Story Explorers Preschool Application
2018/2019

Parent/Guardian Information

Last Name _____ First Name _____

Address _____

Phone Number _____

Email (PRINT CLEARLY) _____

Child(ren) Information (Please include any children who are due to be born within school year)

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name of child(ren) listed above attending another preschool _____

Please indicate your 1st, 2nd and 3rd choice

Tuesday	Wednesday	Thursday
____ 9:30AM-11:00AM	____ 9:30AM-11:00AM	____ 9:30AM-11:00AM
____ 11:30AM-1:00PM	____ 11:30AM-1:00PM	____ 11:30AM-1:00PM

- ❖ I understand that I or another adult (other than Carteret County Partnership for Children staff) will be responsible for my child/children during all Story Explorers classes and events sponsored by the Carteret County Partnership for Children.

- ❖ I understand that Story Explorers preschool's attendance policy is that if a family misses more than 2 times per month, they will be asked to get prior approval or provide documentation for the absence. Not complying with the attendance policy will result in dismissal from the program, thus, allowing a child from the waiting list to participate.

Parents Signature: _____

Date _____

<u>For CCPFC use only</u>
Date application received _____
Time application received _____
Received by _____