

APPLICATIONS ACCEPTED STARTING MAY 1<sup>ST</sup>. NO EARLY APPLICATIONS WILL BE ACCEPTED

Carteret Smart Start  
Early Education Outreach Program  
Story Explorers Preschool Application

**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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice**

<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
____ 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 \_\_\_\_\_

<p style="text-align: center;"><b><u>For CCPFC use only</u></b></p> <p>Date application received _____</p> <p>Time application received _____</p> <p>Received by _____</p>
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