



PRESCHOOL ADMISSIONS PROCEDURES

1. Interested parents should call the Admissions Coordinator to receive information, an admission application, and to arrange a tour. The completed application form should then be submitted with the \$150.00 application fee.
2. If a child is currently receiving any specific services such as speech/ language and or occupational therapy, psychological and/or developmental testing or therapy please submit any relevant reports, tests and or Individual Education Plans with the application. The child's current therapist or teacher should complete the Teacher Evaluation Form.
3. The prospective student will visit the program for a *Getting Acquainted* day. Please schedule this with the Admissions Coordinator.
4. The Admissions Committee will review the application information to determine the appropriateness of our program for each prospective student. The Admissions Coordinator will then advise the parents as to the Admissions Committee's decision.
5. The Windham Learning Tree Academy, LLC has a rolling admissions policy whereby students may apply at any time during the year and receive admissions decision as soon as the process is completed. Mid-year enrollments will be made if appropriate, as space is available.



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APPLICATION FOR PRESCHOOL ADMISSIONS

Academic Year: _____

Please send this application with a \$150.00 non- refundable fee to the Admissions Coordinator.

Student's Name: _____

Address: _____

Home Phone: _____ Date of Birth: _____ Age: ____

How did you hear about us? _____

What is influencing you to send your child to The Windham Learning Tree Academy?

FAMILY HISTORY

1. Marital relationships (check all that apply)

Natural parents are:

____ together at home ____ separated ____ legally divorced

____ natural mother deceased ____ natural father deceased

2. If parents are divorced or separated who has legal custody of the child?

3. Is either parent forbidden by court order from having equal access to the child or the school records? _____ *If so written documentation is required.

4. Name of Legal Guardian if other than parent/s:

5. Please list other children in the family and their ages:

6. Please list other persons living in the household and their relationship to the child:

7. Are there any pets living in your household? ____ yes ____no

8. What are you hoping to achieve from sending your child to The Academy?

EDUCATIONAL HISTORY

1. Is this your child's first school experience? ____ yes ____no*
(*skip to question 3)

2. List all Preschools previously attended:

| School | Address | Dates Attended |
|--------|---------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Has your child ever been diagnosed with any type of learning disability?
___ yes ___no* (*skip to question 5)
4. Please submit copies of all written evaluation reports along with this application.
5. Is your child taking any medication for any medical or learning issue?
___ yes ___no

If yes please list: _____

HEALTH PROFILE

Events in children's earliest years can have both subtle and profound effects on their later life. While some of the following questions may not seem to apply to your child's current situation, they are designed to bring parents and teachers together in forming the broadest possible picture of your child's development.

1. When did your child first start walking? _____
... talking? _____
2. Any problems or concerns with eyes, ears, speech, coordination, skin, digestion?

3. Any trauma, surgery or serious illness? ___ yes ___ no
4. Does your child have any recurring illnesses? I.e.: asthma, ear infections, eczema, or chronic illnesses etc.

5. Please indicate any illnesses your child has been previously diagnosed with and what age:
- | | | |
|-----------------------------------------|-----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> German Measles | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Other _____ | |
6. Does your child wear glasses? ___ yes ___ no
7. Does your child wear a hearing aid? ___ yes ___ no

8. Is your child on medication? If yes please explain and list.

9. Does your child often have nosebleeds? ____ yes ____ no

10. Does your child contract colds easily? ____ yes ____ no

11. Does your child have any sensitivity? ____ yes ____ no

12. Does your child have respiratory weaknesses? ____ yes ____ no

13. Are there any activities that your child may not participate in while at school? ____
yes ____ no

DAILY SCHEDULE AND BEHAVIOR PROFILE

1. What time does your child go to bed at night / wake in the morning?

2. What do you consider your child's most desirable traits?

3. What do you consider your child's least desirable traits?

4. Is your child right or left handed?

5. What languages are spoken in your home?

6. Please list your child's most liked foods.

7. Are there any foods that should not be served to your child?

8. Does your child usually take naps? How long? Times of naps?

9. Does your child have any fears such as dogs, sirens, storms, etc?

10. What are your child's favorite activities?

11. What activities does your child spend most of his waking hours doing at home?

12. How does your child respond to duties at home and what are they?

13. What characteristics in your child's development would you like...

Encouraged? _____

Discouraged? _____

14. Is your Child involved in any extracurricular activities? ____ yes ____ no

15. If yes, list activities and schedule:

SELF CARE

16. Does your child need any help with dressing? ____ yes ____ no

17. Does your child need any help with toileting? ____ yes ____ no

SOCIAL/EMOTIONAL DEVELOPMENT

18. How does your child show feelings?

Affection: _____

Fear: _____

Excitement: _____

Frustration: _____

Anger: _____

19. Does your child make new friends easily?

20. Does your child have any particular habits or mannerisms such as thumb sucking or nail biting? If so please describe.

21. What are your accustomed methods of reassuring and rewarding your child?

22. What are your accustomed methods of responding to your child's negative behavior?

23. Please add any comments that may help us to understand your child. (Ex. Calming techniques etc.)

24. What do you hope The Windham Learning Tree Academy will provide your child?



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ALLERGY SURVEY

To Parents/ Guardians:

This survey is designed to obtain information concerning life-threatening allergies. Please return the completed survey to school prior to your child's first day of class.

Child's name

Date of Birth

1. Does your child have a life-threatening allergy? ____ yes ____ no
2. Does your child have any allergies, which produce any of the following symptoms following exposure to a particular material or food?
 - a. difficulty breathing or swallowing ____ yes ____ no
 - b. fainting or collapse ____ yes ____ no
 - c. swelling of the tongue lips or face ____ yes ____ no
 - d. other (specify) _____ ____ yes ____ no
3. Have any of the questions referred to in question 2 occurred after:
 - a. a. eating a particular food? ____ yes ____ no
 - b. b. receiving an insect bite? ____ yes ____ no
 - c. c. receiving a sting? ____ yes ____ no

IF YOU RESPONDED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE CONTINUE.

4. Has your child been seen by a medical professional for the treatment of an allergic reaction? ____ yes ____ no

5. Has your child been tested for allergies? ____ yes ____ no

a. If yes, indicate types of tests and results

6. Have you been told by your medical professional that your child requires an emergency medical kit available in the school? ____ yes ____ no

7. If yes, what specifically is required to have at school?

8. What foods or materials must your child avoid?

Name of family Physician _____

Phone: _____

I agree that this information will be shared, as necessary, with the staff of the school and other Health care professionals as relevant to my child's health and safety.

Parent/Guardian's Name

Date



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APPLICATION CHECK SHEET

Please complete before submitting application form.

A completed application consists of the following:

Mandatory Forms

- ☐ Application form with \$150.00 non-refundable application fee.
- ☐ Schedule request form indicating the days of the week and drop off/pick up times for each day.
- ☐ Child Care Registration and Emergency Information Form
- ☐ Health Form within the last 12 months and updated annually
- ☐ Immunization records
- ☐ Allergy Survey
- ☐ Photo/Video Permission Release
- ☐ Topical Lotion Permission Release
- ☐ Receipt of Family Handbook

*The Following Forms should be included as applicable:

- ☐ IEP or any other reports or assessments
- ☐ Teacher Evaluation Form
- ☐ Report Release Form
- ☐ Special Care Plan



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Permission to Apply Topical Lotions

I, _____ (print parent/guardian name) give permission to the staff of The Windham Learning Tree Academy to apply the following topical lotions to

_____ (print child name).

Sunscreen and bug spray are generally applied twice a day, in the morning and afternoon, or as needed.

I have provided the following lotions and have clearly labeled them with my child's name.

Sunscreen brand _____

Bug spray brand _____

This permission is granted from the date below through the entire term of enrollment, unless a new form has been received and signed by the parent/guardian.

Parent/Guardian Signature Date

In the event that a lotion such as sunscreen, bug spray, has not been provided, I give permission to a WLTA staff to use an alternative if, using their best judgment, it is in the best interest of the child at the time.

Parent/Guardian Signature Date



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PHOTO/VIDEO RELEASE

I give permission for photographs, images, video or audio recordings of my child captured via still photography, videography or audio tape recording, to be used at no charge in connection with activities of The Windham Learning Tree Academy, LLC. All images may be used in artwork, special projects to be gifted to the child's family, within the school and the school website. Photographs are generally for classroom use as part of the student portfolio.

I understand that these images will not be used for commercial gain and will not be sold by The Windham Learning Tree Academy, LLC to anyone for commercial use.

I understand and agree to the above-stated conditions.

Print Name of Student

Print Name of Parent/Guardian

Parent/Guardian Signature

Date