



Child's Age on September 30, 2017 ____yrs. ____ mos.

FIRST PRESBYTERIAN CHURCH PRESCHOOL

Preschool 2017/2018 Registration

Child's Full Name _____ Name child is known by _____

Sex ____ Home language _____ Date of Birth ____/____/____

English communication skills: Speaks easily Little English No English

Child's Address _____

City _____ State: _____ Zip Code _____

Student lives with (check all that apply):

Both Parents ____ Father ____ Mother ____ Other ____ Father Deceased ____

Mother Deceased ____ Parents Divorced ____ Parents Separated ____

County or City Student resides: _____

Applying for (\$50 registration fee) Preschool

Two-year-old class

Three-year-old class

Pre-K class

____ 3-day

____ 3-day

____ 5-day

____ 4-day

Full Day Care _____ Monday through Friday (we can accommodate certain days)

Previous childcare experience? _____ If so, where? _____

How did you find out about our program? _____

Any special friends in our program? _____

Family Information

Parent/Guardian 1: _____

Relationship to Child: _____ e-mail address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer/Occupation: _____

Parent/Guardian 2: _____

Relationship to Child: _____ e-mail address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer/Occupation: _____

Person(s) to receive communication: _____

Person(s) financially responsible: _____

Other children's names and ages:

Registration payment reserves your child's place and is non-refundable, unless we cannot accommodate your child. Please let us know if you decide to not attend in the Fall so that we may fill the opening with a child from the wait list.

Classes are organized by age.

Each child must have a Virginia physical exam certificate, signed by a physician, proving adequate immunization and general good health. We must have a copy of child's birth certificate. **These forms must be provided to the school before the first day of school attendance.**

Tuition: Preschool tuition is paid in 9 equal monthly payments.

Payment 1 – is September tuition due on or before orientation night in September.

Beginning in October, monthly payments are **DUE BY THE FIFTH DAY OF EACH MONTH**. A \$15 late fee is charged for tuition payments received after the 15th. Failure to pay by the beginning of the following month will result in dismissal of your child until all arrearages and current payment is made. Arrangements for ANY necessary payment schedule change **MUST** be made with the financial secretary in advance.

Payment 9 – the prepaid tuition for May 2018 must be paid by May 10, 2018 so that we can close out our accounts for the current school year.

Extended Day is payable on the 15th and 30th of each month.

Summer Camps will be payable weekly.

Late Pick-up Fee: A \$10.00, per family, late fee will be charged for pick-ups later than 12:00 PM or 6:00 PM if prearrangements are not made with the teacher in advance.

All payments are by check or money order, made payable to First Presbyterian Church and submitted to the financial secretary.

DO WE HAVE PERMISSION TO PHOTOGRAPH YOUR CHILD DURING THE COURSE OF THEIR CHURCH PARTICIPATION IN THE PROGRAM WITH THE UNDERSTANDING THAT IT MIGHT BE DISPLAYED ON THE PRESCHOOL WEBSITE (www.firstprespre.org), THE CHURCH NEWSLETTERS, COLUMNS, VIDEO SCREENS OR BULLITEN BOARDS. THEIR NAME WILL NOT BE DISPLAYED. _____yes _____no

DO WE HAVE PERMISSION TO INCLUDE YOUR CHILDS PHOTO IN A NEWSPAPER ARTICLE (FIELD TRIP SHOT, GRADUATION, for example) AND INCLUDE YOUR CHILD'S NAME. _____yes _____no

MAY WE HAVE PERMISSION TO GIVE YOUR EMAIL ADDRESS TO THE ROOM MOTHER OR PARENT COORDINATOR OF OUR PROGRAM TO BE ABLE TO SEND YOU IMPORTANT MESSAGES.

_____yes

_____no

I have read and accept the terms and conditions of this registration.

Signed: _____ Date: ____/____/____

Health and Safety Information and Field Trips

Child's Full Name: _____ Date: _____

Intolerance to foods, allergies to medications, or other allergies:

Action to take _____

Child's Physician: _____ Phone: _____

In case of emergency 911 will be called. Whom shall we call if you or your spouse cannot be reached?

_____ Phone: _____

Persons authorized to pick up child:

_____ Phone: _____

_____ Phone: _____

Persons NOT authorized to pick up child:

_____ Phone: _____

*Appropriate paperwork such as divorce decree shall be attached, if a parent is not allowed to pick up the child.

My child, _____, has my permission to go on walking field trips with their class. My permission will be requested each time. When a field trip requires transportation I understand that I will accompany my child or provide an alternate chaperone.

Parent signature: _____

Date: _____