FIRST PRESBYTERIAN CHURCH PRESCHOOL

249 S. WAYNE AVE. / PO BOX 877, WAYNESBORO, VA 22980 | 540.949.8366 | FIRSTPRESPRE.ORG

≥ 2023-2024 Preschool Application ≤

Child's full name:			
Preferred name:		Date of birth:/	Gender: ☐ female ☐ male
Child's street address:			
City:		State: Z	ip Code:
City or County child resides in:			
Child's household includes: ☐ Both parents ☐ Mother only ☐	☐ Father only ☐ Grandparents ☐ Gra	ndmother □ Grandfather □ L	.egal guardian(s)
Primary language spoken in home:			
Child speaks and understands Engl	lish: □ Fluently □ Knows some Eng	;lish but needs help ☐ Knows	very little/no English
Additional language(s) child speak	s:		
FAMILY INFORMATIO	N		
Parent/Guardian 1:			
Relationship to child:	E-mail:		
Home address (if different):			
☐ Home phone:	☐ Cell phone:	🗆 Work phon	ne:
Employer/Occupation:			
Parent/Guardian 2:			
Relationship to child:	E-mail:		
Home address (if different):			
☐ Home phone:	Cell phone:	🗆 Work phon	ıe:
Employer/Occupation:			
Other children(s)' names and ages	s:		

** \$50 registration fee required with application. See the terms and conditions page for more information. **
☐ Two-year-old class (3 days per week, Tuesday-Thursday)
☐ Three-year-old class (4 days per week, Monday-Thursday)
□ Four-year-old/Pre-K class (5 days per week, Monday-Friday)
EXTENDED DAY OPTION (7:30-8:45am & 12:00-6:00pm, Monday-Friday)
☐ Five days per week ☐ Four days per week
*We have limited space in the extended day program. If the program is full, we will let you know as soon as possible - as well as add you to a wait list. As soon as a spot opens up, you will be notified.
Previous childcare experience? If so, where?
How did you find out about our program?
Any parent/child in our program we can thank for a referral?
Any special friends in our program?
COMMUNICATION:
Person(s) to receive communications:
Preferred means of communication:
☐ Text: #(s)
☐ Phone call: #(s)
☐ Email: address(es)
TUITION & FEES:
Person(s) financially responsible:
Contact information for person(s) financially responsible (if different from above):

Extended Day payment schedule: \square ANNUALLY \square MONTHLY

(Please see last page of this document for more detailed information. If you need to alter your payment structure later on, please contact the preschool director at preschool@firstpresway.com or (540) 949-8366, ext. 300.)



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	5.	
	Date:	

HEALTH AND SAFETY INFORMATION

ALLERGIES/FOOD INTO	LERANCE	
Allergy/Intolerance	Typical Reaction	Action to Take
If there are additional allergies or intoler make sure to get extras to keep here at s	ances, please attach an additional sheet of paper. If a chool in case of an emergency.	an epi pen or other medications are needed, please
MEDICAL CONDITIONS		
Condition	Typical Symptoms	Action to Take
If there are additional medical conditions necessary items here at school.	s we should be aware of, please attach an additional	sheet of paper. Please make sure to have any
ADDITIONAL MEDICAL/	BEHAVIORAL THINGS OF NOTE	E
Anything additionally we should be a	ware of as we care for your child?	
PRIMARY CARE		
Child's Physician:		Phone:
Address of Physician's office:		

Child's Full Name:	
	Date:
HEALTH AND SAFETY INFORMATION	

RMATION

EMERGENCY SITUATIONS

In case of emergency, 911 will be called. Fingers crossed, this won't be an issue. However if something does arise, we will make every effort possible to contact you in the event there is an emergency. Please the names and numbers we should use to reach should there be an emergency. If you can list in the order you'd prefer us to call, that would be helpful!

Date: _____

ar emergency in you can not in the order you a pro	
Name:	Phone:
Name:	Phone:
lame:	Phone:
lame:	Phone:
f the contacts we have on file cannot be reached,	, whom can we use as an additional emergency contact?
Name:	Phone:
Name:	Phone:
PICK UP FROM SCHOOL	
Person(s) authorized to pick up child: Name:	Phone:
Person(s) authorized to pick up child: Name:	Phone:
Person(s) authorized to pick up child: Name: Name:	
Person(s) authorized to pick up child: Name: Name:	Phone: Phone: Phone:
Person(s) authorized to pick up child: Name: Name: Name: Person(s) NOT authorized to pick up child*	Phone: Phone: Phone:

Child's Full Name: _	
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FIRST PRESBYTERIAN CHURCH PRESCHOOL

PERMISSIONS:

Photography:

Do we have permission to photograph your child during the course of their participation in pres day programs? \square YES \square NO	school and extended	
Do we have permission to include photographs of your child on the preschool website (www.fir church or preschool newsletters , FPCP social media , Preschool/church video screens or on bu church? <i>Names will not be displayed.</i> \square YES \square NO		
Do we have permission to include your child's photo and name in a newpaper article (field trip, \square YES \square NO	graduation, etc.)?	
Parent Advisory Council:		
Do we have permission to give your email address and phone number(s) to parents serving on advisory council to send you important messages? \square YES \square NO	the preschool parent	
Would you be interested in being a part of the parent advisory council? $\ \square$ YES $\ \square$ NO		
Email(s) or phone number(s) you prefer used for contact regarding PAC-related issues:		
Field Trips:		
My child,, has my permission to go on walking field trips with notified prior to each outing. \square YES \square NO	their class. I will be	
When a field trip requires transportation, my permission will be sought ahead of time for each trip. I understand that I will accompany my child or provide an alternate chaperone for these special outings. If this is not a possibility, I will contact the teacher and/or director so that we can do our best to accommodate the situation. \square YES \square NO		
Parent signature:	Date:	



TERMS AND CONDITIONS

Application/Reservation:

A **\$50** application/reservation fee must accompany your preschool application. This fee reserves your child's place and is non-refundable, unless we cannot accommodate your child. If you decide to not attend or need to withdraw after the school year has started, we request you let us know as soon as possible - providing us a minimum of a two-week notice - so we may fill the opening with a child from our wait list.

Required Forms:

Each child must have a Virginia physical exam certificate, signed by a physician, proving adequate immunization records and general good health. We must have a copy of your child's birth certificate as well. *** Please submit these as soon as you are able. They must be submitted before the first day of school attendance.***

Classes:

Classrooms are organized by age. We offer classes for two-, three- and four-year-olds. Keeping in line with the school system so that kids can transition straight to kindergarten after our program, the class your child is in is determined by his or her age and birthday. Where a child's birthdate falls in relation to September 30th is the determining factor for class assignments. (i.e. A child turning two on September 15 would enroll in the two-year-old class. A child turning three on November 10 would also enroll in the two-year-old class. A child turning four on July 10 would be in the four-year-old class.) A child must turn two by September 30 in order to enroll.

Tuition Payments:

* Preschool (only):

Preschool tuition is paid either annually or in nine (9) equal monthly payments. Payments are due on first school day of each month September-May. Payments received after the fifth day of the month incur a \$15 late fee. Failure to pay by the end of a month will result in dismissal of your child until all past and current due payments are made. Arrangements for any necessary payment schedule change MUST be made with the preschool director.

- * Extended Day students (preschool plus extended day):
 - Extended Day payments include the price of preschool.

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

Extended payments can be made: *annually (due by start of school), *monthly (due the first school day of each month),

This must stay consistent unless an

occasion is otherwise prearranged with the director. Payments are due on time and in equal increments.

Late payments will incur a \$15 late fee. If you foresee an issue with a coming payment, please talk with the director **in advance**. Failure to pay by the end of a month will result in dismissal of your child until all past due balances and current due payments are made.

Late Pick-up Fee:

Our teachers and caregivers need to get home to their families, too. Children picked-up after 12 noon (*Preschool*) or 6:00 p.m. (*Extended Day*) will incur a **\$10.00 late fee charge**. After 10 minutes, the amount will increase by one dollar per minute.

A notice will be made to your child's account as well. After three late pickups, your child is subject to dismissal from the preschool.

Payments:

All payments are by **check, cashier's check** or **money order**, made payable to *First Presbyterian Church*. You can drop off your check or money order to your child's teacher, extended day staff or the preschool director.

Scholarship:

We do offer need-based scholarships for preschool tuition. This is applicable to preschool tuition only. If this is something you are in need of and can benefit from, please turn in a scholarship request form and required documentation to the preschool director.

iigned:	Date:

^{**} More detailed information will be provided in the handbook as we near the school year. If you have questions in the meantime, please contact the preschool director at (540) 949-8366, ext. 300 or preschool@firstpresway.com.