



Age as of September 30, 2024

Years _____ Months _____

FIRST PRESBYTERIAN CHURCH PRESCHOOL

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

2024-2025 Preschool Application

Child's full name: _____

Preferred name: _____ Date of birth: ___/___/___ Gender: female male

Child's street address: _____

City: _____ State: _____ Zip Code: _____

City or County child resides in: _____

Child's household includes:

Both parents Mother only Father only Grandparents Grandmother Grandfather Legal guardian(s)

Primary language spoken in home: _____

Child speaks and understands English: Fluently Knows some English but needs help Knows very little/no English.

Additional language(s) child speaks: _____

FAMILY INFORMATION

Parent/Guardian 1: _____

Relationship to child: _____ E-mail: _____

Home address (if different): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer/Occupation: _____

Parent/Guardian 2: _____

Relationship to child: _____ E-mail: _____

Home address (if different): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Employer/Occupation: _____

Other children(s)' names and ages: _____

PRESCHOOL (8:45 am - 12 noon)

**** \$50 registration fee required with application. See the terms and conditions page for more information. ****

- Two-year-old class (5 days per week, Monday-Friday)
- Two and half-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
- Three 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: ANNUALLY MONTHLY BI-MONTHLY WEEKLY NA

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



HEALTH AND SAFETY INFORMATION

ALLERGIES/FOOD INTOLERANCE

Allergy/Intolerance	Typical Reaction	Action to Take
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are additional allergies or intolerances, please attach an additional sheet of paper. If an epi pen or other medications are needed, please make sure to get extras to keep here at school in case of an emergency.

MEDICAL CONDITIONS

Condition	Typical Symptoms	Action to Take
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are additional medical conditions, we should be aware of, please attach an additional sheet of paper. Please make sure to have any necessary items here at school.

ADDITIONAL MEDICAL/BEHAVIORAL THINGS OF NOTE...

Anything additionally, we should be aware of as we care for your child? _____

PRIMARY CARE

Child's Physician: _____ Phone: _____

Address of Physician's office: _____



HEALTH AND SAFETY INFORMATION

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 give me 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!

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

If 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: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



Person(s) **NOT** authorized to pick up child*

Name: _____ Phone: _____

Name: _____ Phone: _____



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



PERMISSIONS:

Photography:

Do we have permission to photograph your child during the course of their participation in preschool and extended day programs? YES NO

Do we have permission to include photographs of your child on the **preschool website** (www.firstprespre.org), in **church or preschool newsletters**, **FPCP social media**, **Preschool/church video screens** or on **bulletin boards** in the church? *Names will not be displayed.* YES NO

Do we have permission to include your child's photo and name in a **newspaper article** (field trip, graduation, etc.)? YES NO

Parent Advisory Council:

Do we have permission to give your email address and phone number(s) to parents serving on the preschool parent advisory council to send you important messages? YES NO

Would you be interested in being a part of the parent advisory council? YES 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 their class. I will be notified prior to each outing. YES NO

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. YES 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 not to 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 to enroll.

Tuition Payments:

* Preschool (only):

Preschool tuition is paid either **annually** or in **nine (9) equal monthly payments**. **Payments are due on the first school day of each month August-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.
- Extended payments can be made: ***annually** (due by start of school), ***monthly** (due the first school day of each month), ***Bi-monthly** (due the 1st and 15th of each month) or ***weekly** (due each Monday). **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**. This payment is due by check or money order immediately, payable to First Presbyterian Church. A notice will be made to your child's account as well. After three late pickups, your child is subject to dismissal from 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 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 need and can benefit from, please turn in a scholarship request form and required documentation to the preschool director.

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

Signed: _____ Date: _____

** More detailed information will be provided in the handbook as we are nearing the school year. If you have questions in the meantime, please contact Tami Hemp (director) at (540) 949-8366, or preschool@firstpresway.com.