

"More than a preschool!"



Office Use Only

Date Registered: _____

Confirmation Sent: _____ ☐ Cash

Registration Fee: \$75.00 ☐ Chk. # _____

NON-REFUNDABLE

PRESCHOOL APPLICATION 2020-2021

This form is for background information on your child. It will be kept on file so that the teacher might understand your child better and help him/her adjust to their new environment.

*** All sections of this application must be completed or it will be returned.**

Child's Name _____
(Last) (First) (Middle) (Name Used)

Sex _____ Date of Birth _____/_____/_____ Place of Birth _____

Address _____ Zip _____ Phone _____

Family's Primary Email Address _____

Mother's Name _____ Place of Birth _____

Home Address _____ Zip _____ Phone _____

Occupation _____ Work Address _____ Work Phone _____

Father's Name _____ Place of Birth _____

Home Address _____ Zip _____ Phone _____

Occupation _____ Work Address _____ Work Phone _____

Brothers and/or Sisters: _____ Sex _____ Date of Birth _____

HEALTH

Name of family or child's Physician _____

Address _____ Phone _____

List any serious illness, chronic physical problems and/or allergies: _____

What action should be taken in an emergency situation due to this? _____

Is your child potty-trained? _____ Yes _____ No **(All children MUST BE fully potty-trained.)**

Please list two individuals other than parents who may be reached in an emergency. Include complete address.

1. Name _____ Phone _____ Relationship to child _____

Address _____

2. Name _____ Phone _____ Relationship to child _____

Address _____

Persons authorized to pick up child _____

PERSONAL INTERESTS & INFORMATION

Please share some of your child's favorite toys, books, videos, and shows.

Has your child attended preschool before? _____ Yes _____ No

If so, where? _____ How long? _____

What fears or anxieties should we be aware of? _____

CHURCH AFFILIATION

Father a church member? _____ Yes _____ No Where? _____

Mother a church member? _____ Yes _____ No Where? _____

Does your child attend church? _____ Yes _____ No Where? _____

If you are interested in just our preschool program, please check which Li'l Scholars option best meets your needs. However, if you would like to extend your child's day, Super Scholars is available on Tuesday, Wednesday and Thursday ONLY, for an additional fee of \$110/month.

3 year old, 3-day program (Tues/Wed/Thurs)....(Must be 3 yrs. by Sept. 30th)

☐ Li'l Scholars(9:00-12:00)...\$125/month ☐ Super Scholars(12:00-2:00)...\$110/month

4 year old, 3-day program (Tues/Wed/Thurs)....(Must be 4 yrs. old by September 30th)

☐ Li'l Scholars(9:00-12:00)...\$125/month ☐ Super Scholars(12:00-2:00)...\$110/month

4 year old, 5-day program (Mon-Fri).....(Must be 4 yrs. old by September 30th)

☐ Li'l Scholars(9:00-12:00)...\$165/month ☐ Super Scholars(12:00-2:00)...\$110/month

AGREEMENTS

1. The preschool agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up the child as soon as possible if so requested by the preschool. _____ Yes _____ No
2. The parent/guardian authorizes the preschool to obtain immediate medical care in case of emergency when he /she cannot be located immediately. _____ Yes _____ No
3. The parent/guardian agrees to inform the preschool within 24 hours or the next business day after a child of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. _____ Yes _____ No
4. The parent/guardian agrees to pay tuition in advance, on the 15th of each month, no later than the 1st of the following month. (Example: October tuition will be due September 15th.) _____ Yes _____ No
5. The parent/guardian understands that the registration fee is non-refundable (\$75.00) _____ Yes _____ No

Parent/Guardian Signature _____ Date _____

Administrator _____ Date _____

***Birth certificate and current immunization record must be on file prior to preschool participation.**