



11724 Elm Lane  
Charlotte, NC 28277  
(704) 542-7273 Ext. 201

## Preschool Registration 2015-2016

Dear Parents,

Attached are the registration forms needed to enroll your child(ren). Please **complete** both forms. Also, a list of classes available has been included for the placement of your child(ren). Please check appropriate age group and whether your child(ren) will attend 2, 3, or 4 days, where applicable.

A yearly **non-refundable** registration fee of \$125.00 for the first child and \$100.00 for each additional child must be paid at the time of registration. Also, a prepayment is due, this is an advance tuition payment which secures your child's spot for the upcoming year and prepays tuition for the month of May 2016. The month your child(ren) begin attending preschool you will start paying the regular monthly tuition due on the 1<sup>st</sup> of each month. If your child(ren) will not be returning, only the advance prepayment will be refunded provided that you contact me **before** August 1<sup>st</sup>, 2015. It is necessary to give 2 weeks notice if for any reason you need to withdraw your child from the program. No refund will be given for May prepayment after January 1<sup>st</sup>. School hours of operation for next year are 9:00am - 1:00pm, Tuesday through Friday.

Must haves prior to registering your child(ren)...

- ☆ Completed Class List
- ☆ Completed Registration & Emergency Release Form
- ☆ Registration Fee
- ☆ An Advance Prepayment for May 2016

Thank you for sharing your children with us. Don't hesitate to call if you have any questions.

Sincerely,

Beverly Abbott  
Children's Director  
(704) 542-7273 Ext. 201



**Class List 2015-2016**  
School Hours: 9am – 1pm

Listed below are the classes available for each age group...

	<b>Age/Days</b>	<b>Cost</b>
<input type="checkbox"/>	<b>2yr Old Class (2 day class)</b>	\$220/monthly
	<input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	
<input type="checkbox"/>	<b>2yr Old Class (4 day class)</b>	\$325/monthly
	<input type="checkbox"/> Tuesday/Wednesday/Thursday/Friday	
<input type="checkbox"/>	<b>3yr Old Class (2 day class)</b>	\$220/monthly
	<input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	
<input type="checkbox"/>	<b>3yr Old Class (3 day class)</b>	\$250/monthly
	<input type="checkbox"/> Tuesday/Wednesday/Thursday	
<input type="checkbox"/>	<b>3yr Old Class (4 day class)</b>	\$305/monthly
	<input type="checkbox"/> Tuesday/Wednesday/Thursday/Friday	
<input type="checkbox"/>	<b>4yr Old Class (4 day class)</b>	\$270/monthly
	<input type="checkbox"/> Tuesday/Wednesday/Thursday/Friday	

**Note:** *All class assignments will be given out at Open House. We follow the Charlotte Mecklenburg School Calendar guidelines for inclement weather early dismissal or closings, teacher workdays & holidays.*

*Your child must be 4 years by August 31, 2015 to be in our 4 year old class.*



## Registration Application & Emergency Release Form

Child's Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_\_  
(Circle Name Child Uses)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Parent's Marital Status:  Married  Separated  Divorced

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

email Address \_\_\_\_\_

May your child's picture be put on the internet?  Yes  No

Other children in the home (Please give names and ages) \_\_\_\_\_

Other relatives in home \_\_\_\_\_ Relation to child \_\_\_\_\_

Family's Religious Preference \_\_\_\_\_ Church Membership \_\_\_\_\_

Would you be open to a visit from a member of Covenant Baptist Church? \_\_\_\_\_

**Please list an alternate contact name other than parent (specify relationship to child) and number, if parents cannot be reached in case of an emergency:**

Emergency Phone # \_\_\_\_\_ Contact Person's Name/Relation \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Contact Person's Name/Relation \_\_\_\_\_

### Authorization for Emergency Medical Attention

I hereby grant permission for the Preschool Director or Church Representative to administer basic First Aid or obtain necessary medical attention in case of sickness or injury to my child. Permission is hereby granted to the Hospital, Emergency Room Personnel/Doctor to provide any treatment deemed necessary to the above minor.

(Parent's Signature)

(Date)

Name of Physician/Practice \_\_\_\_\_

Phone Number \_\_\_\_\_

Dr. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Co \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Primary Person Insured \_\_\_\_\_

(Required by hospital/doctor's office for service payment)

Is your child up to date with his/her shots? \_\_\_\_\_

**List below any special problems or needs your child may have:**

Allergies (medicines, bee stings, food, etc.) \_\_\_\_\_

*Note: Benadryl will be administered if there is a severe allergic reaction, unless you state otherwise.*

Any medical condition we should know about \_\_\_\_\_

Hospitalization (within the past 12 months) \_\_\_\_\_

Medication prescribed for long-term continuous use \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Child's previous preschool experience \_\_\_\_\_

I understand that I must pay a \$125.00 **non-refundable** registration fee and an advance prepayment in order to enroll my child in the 2015-2016 school year. I also agree to pay tuition on the 1<sup>st</sup> of each month.

(Parent's Signature)

(Date)

#### For Office Use Only

Fees paid \_\_\_\_\_ Check #/Cash \_\_\_\_\_ Class Enrolled \_\_\_\_\_ Days Enrolled \_\_\_\_\_