






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

Preschool Registration 2016-2017

Dear Parents,

Preschool registration for the 2016-2017 school year will begin at 9:00am in the Worship Area Auditorium located in the main building...

-  January 15th for teachers and church members,
-  January 19th for those students currently enrolled, and
-  January 21st for the general public.

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 2017 (last month of preschool). The month your child(ren) begin attending preschool you will start paying the regular monthly tuition which is due on the 1st 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 1st, 2016. 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 1st, 2017. School hours of operation 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 2017

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

Sincerely,

Beverly Abbott
Preschool Director
(704) 542-7273 Ext. 201



Class List 2016-2017
School Hours: 9am – 1pm

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

Age/Days	Monthly Cost
<input type="checkbox"/> 2yr Old Class (2 day class)	\$225
<input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	
<input type="checkbox"/> 2yr Old Class (4 day class) (Tuesday-Friday)	\$330
<input type="checkbox"/> 3yr Old Class (2 day class)	\$225
<input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	
<input type="checkbox"/> 3yr Old Class (3 day class)	\$255
<input type="checkbox"/> Tuesday/Wednesday/Thursday	
<input type="checkbox"/> 3yr Old Class (4 day class) Tuesday - Friday	\$310
<input type="checkbox"/> 4yr Old Class (4 day class) (Tuesday - Friday)	\$275

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, 2016 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 Living Hope? _____

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 2016-2017 school year. I also agree to pay tuition on the 1st of each month.

(Parent's Signature)

(Date)

For Office Use Only

Fees paid _____ Check #/Cash _____ Class Enrolled _____ Days Enrolled _____