



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

## Preschool Registration 2018-2019

Dear Parents,

Preschool registration for the 2018-2019 school year will begin at 9:00am in the Worship Area Auditorium located in the main building...

- January 12<sup>th</sup> for teachers and church members,
- January 16<sup>th</sup> & 17<sup>th</sup> for those students currently enrolled, and
- January 18<sup>th</sup> for the general public.

Attached is the registration form needed to enroll your child(ren) and a list of classes is included for the placement of your child(ren). Please check the appropriate age group box and choose if your child(ren) will attend 2, 3, or 4 days, where applicable. Please **complete** both forms.

**Two payments** are due at the time of registration:

- 1) \$125.00 yearly **non-refundable** registration fee for the first child plus \$100.00 for each additional child and
- 2) an advance month's tuition prepayment, this is a tuition payment which secures your child's spot for the upcoming year and prepays tuition for the month of May 2018 (last month of preschool).

The first day of preschool is on September 4, 2018 and your first monthly tuition payment is due and thereafter tuition is due at 1<sup>st</sup> of month and late by 5<sup>th</sup> of month. If you registered your child(ren) in January 2018 and decide not to return or begin preschool (i.e., moving, job relocation, etc.), only the advance prepayment will be refunded provided you contact me **before** August 1<sup>st</sup>, 2018. 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, 2019. School hours of operation are 9:00am - 1:00pm, Tuesday through Friday.

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

- Completed Class List
- Completed Registration & Emergency Release Form
- Registration Fee
- An Advance Prepayment for month of May 2019

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 2018-2019

School Hours: 9am – 1pm

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

<u>Class Age/Days</u>	<u>Monthly Cost</u>
<input type="checkbox"/> 2yr Old 2 day class	\$230
<input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	
<input type="checkbox"/> 2yr Old 4 day class (Tuesday-Friday)	\$335
<input type="checkbox"/> 3yr Old 2 day class	\$230
<input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	
<input type="checkbox"/> 3yr Old 3 day class	\$260
<input type="checkbox"/> Tuesday/Wednesday/Thursday	
<input type="checkbox"/> 3yr Old 4 day class (Tuesday – Friday)	\$315
<input type="checkbox"/> 4yr Old 4 day class (Tuesday – Friday)	\$285

**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, 2018 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.

_____ <b>(Parent's Signature)</b>	_____ <b>(Date)</b>
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 2018-2019 school year. I also agree to pay tuition on the 1<sup>st</sup> of each month.

_____ <b>(Parent's Signature)</b>	_____ <b>(Date)</b>
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**For Office Use Only**

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