



11724 Elm Lane, Charlotte, NC 28277

Preschool Registration

Dear Parents,

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

- Completed Class List
- Completed Registration & Emergency Release Form
- Registration Fee plus an advance month's tuition prepayment (prepayment will apply towards your last month's tuition in May (i.e. tuition payments are due for each month Sept - Apr))

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). Check the appropriate age group box and choose if your child(ren) will attend 2, 3, or 4 days, where applicable. Please complete the **2 forms** and include **2 payments** 1) check is fine made payable to Living Hope at Ballantyne: 1) \$125.00 registration fee for the first child (plus \$100.00 for each additional child) This is a yearly **non-refundable fee**. 2) an advance month's tuition prepayment, this secures your child's spot for the upcoming fall school year and prepays tuition for the month of May 2019.

The first day of preschool is on September 7, 2018 and your first month's tuition payment is due on the first day and thereafter tuition is due on the 1st of every month and is late by 5th of the month. If you choose to use easyTithe our online payment service, a **\$3 convenience fee** will be added.

Once your child is enrolled and you decide not to return or begin preschool in the fall term (i.e., moving, job relocation, etc.), only the prepayment will be refunded to you provided you contact me **before** August 1st, 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 2019 prepayment after January 1, 2019. School hours of operation are 9:00am - 1:00pm, Tuesday, Wednesday, Thursday, and Friday.

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



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Class List 2018-2019

School Hours: 9am – 1pm

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

We follow the Charlotte Mecklenburg School Calendar guidelines for inclement weather early dismissal or closings, teacher workdays & holidays.

Age & Number of Days Attending

Monthly Tuition

	(Cash or Check)	(easyTithe Online fee)
<input type="checkbox"/> 2yr 2day class <input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	\$230	\$233
<input type="checkbox"/> 2yr 4day class (Tuesday-Friday)	\$335	\$338
<input type="checkbox"/> 3yr 2day class <input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Wednesday/Friday	\$230	\$233
<input type="checkbox"/> 3yr 3day class (Tuesday/Wednesday/Thursday)	\$260	\$263
<input type="checkbox"/> 3yr 4day class (Tuesday – Friday)	\$315	\$318
<input type="checkbox"/> 4yr 4 day class (Tuesday – Friday)	\$285	\$288

Note: Your child must be 4 years old by August 31, 2018 to be in our 4 year old class.



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Registration Application & Emergency Release Form

I understand that I must pay a yearly \$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 1st of each month.

(Parent's Signature) _____

Date _____

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 a phone 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 _____

For Office Use Only

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