



11724 Elm Lane, Charlotte, NC 28277

## Preschool Registration 2019-2020

Dear Parents,

Preschool registration for the 2019-2020 school year will begin at 9:00am in the Worship Area Auditorium located in the main building...

- Friday, January 25<sup>th</sup> for teachers and church members,
- Tuesday & Wednesday, January 29<sup>th</sup> & 30<sup>th</sup> for those students currently enrolled, and
- Thursday, January 31<sup>st</sup> for the general public.

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 2020.

The first day of preschool is on September 3, 2019 and your first month's tuition payment is due on the first day and thereafter tuition is due on the 1<sup>st</sup> of every month and is late by 5<sup>th</sup> 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 1<sup>st</sup>, 2019. 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 2020 prepayment after January 1, 2020. 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 2019-2020

School Hours: 9am – 1pm

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

*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.*

### 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)	\$300	\$303

**Note: Your child must be 4 years old by August 31, 2019 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 2019-2020 school year. I also agree to pay tuition on the 1<sup>st</sup> 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 \_\_\_\_\_