



11724 Elm Lane, Charlotte, NC 28277

Preschool Fall Term Registration 2021-22

Dear Parents,

We are currently accepting Preschool Registrations for the fall term (Sept 2021-May 22) school year. Hours of operation are 9:00am - 1:00pm Tuesday, Wednesday, Thursday, and Friday only.

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

- select class & number of days attending
- fill out & sign Registration Form and
- payment (cash, check or an online payment (extra \$3 fee)) for...
 - \$125 Registration Fee (**non-refundable fee**) (+ \$100 for additional child) &
 - tuition (applies towards your last month's tuition fee in May)

The first day of preschool is on September 7, 2021 and your first month's tuition payment is always due on the 1st of every month and is late by 5th of the month. If you choose to use easyTithe online payment service, a **\$3 convenience fee** will be added to your bill.

If you decide not to begin in the fall term, the preschool office must be contacted **before** August 1st, 2021 and only the **tuition payment** is refunded to you. It is necessary to give **2weeks notice** if for any reason you withdraw your child(ren) from the program. No refund given after January 1, 2022.

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 2021 -22

School Hours: 9am - 1pm T, W, TH & F

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

Your child's class assignments will be given out at our Preschool Open House. We follow the Charlotte Mecklenburg School Calendar guidelines for inclement weather early dismissal or closing & for 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	\$235	\$238
<input type="checkbox"/> 2yr 4day class (Tuesday-Friday)	\$335	\$338
<input type="checkbox"/> 3yr 3day class (Tuesday/Wednesday/Thursday)	\$265	\$268
<input type="checkbox"/> 3yr 4day class (Tuesday - Friday)	\$315	\$318
<input type="checkbox"/> 4yr 4day class (Tuesday - Friday)	\$300	\$303

Note: Your child must be potty trained to be placed in the 3's class and your child must turn 4 years old by August 31, 2021 to be assigned to 4's class.



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Registration Application Form

I understand the Preschool Registration Fee is non-refundable and I also agree to pay my child's tuition on the 1st of each month. **MUST have Signature.**

(Parent's Signature) Date

General Information

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 _____

email Addresses _____

Parent's Marital Status: Married Separated Divorced

Father's Occupation _____ Employer _____ Business Phone _____

Mother's Occupation _____ Employer _____ Business Phone _____

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 Release

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 Dr./Physician/Practice _____ Phone Number _____

Dr. Address _____ City _____ State _____ 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

Date Fees paid _____ Amount paid _____ Cash/Online/Check _____ Class Enrolled _____ Days Enrolled _____