

**First Presbyterian Church Preschool
500 Park Street
Charlottesville, Virginia 22902
434/296-1447**

Bonnie W. Reynolds, Director
Karen Chipman, Assistant Director

December 1, 2009

Dear Parents:

Registration for the 2010-2011 school year has arrived! Please complete the attached registration form, sign it and return it to the Preschool office. A registration form will need to be completed for each child you wish to enroll. The registration fee is **\$75.00** for returning children and church members. There is an **\$85.00** registration fee for children who are new to the program, and are not church members. A registration fee is required for each child and is **non-refundable**. Please make your check payable to **First Presbyterian Church Preschool (FPCP)**. **Please be sure to indicate your FIRST and SECOND choice (if applicable) on the registration form. We will make every effort to honor your request; however, the Director will make the final decision regarding placement.** You will be notified in writing on or before February 1, 2010, confirming your child's 2010-2011 placement.

<u>2010-2011 Tuition Rates:</u>	<u>Your Child's Age (by September 30):</u>	<u>Classes Offered:</u>
1 day - \$115 per month	18-20 months old	1 day/week
2 days - \$180 per month	20-24 months old	2 days/week
3 days - \$235 per month	2 years old	2 days/week
5 days - \$315 per month	3 years old	2 or 3 days/week
	4 years old Pre-K*	5 days/week*

*Note: We will no longer offer a Monday/Wednesday/Friday Pre-K option for 2010-2011.

CURRENTLY ENROLLED STUDENTS: COMPLETED APPLICATIONS DUE NO LATER THAN JANUARY 8, 2010. If your child will not be returning for the 2010-2011 school year, please notify the Preschool Office.

ALL OTHER APPLICATIONS CAN BE SUBMITTED AT ANYTIME. ALL OTHER APPLICATIONS WILL BE PROCESSED **BEGINNING JANUARY 11, 2010.**

Thank you for your sharing your children with us; volunteering your time and talents to make our preschool THE BEST! We look forward to our continued relationship with you and your child as we prepare for 2010-2011!

Sincerely,

Bonnie W. Reynolds, Director

First Presbyterian Church Preschool

500 Park Street
Charlottesville, VA 22902
(434) 296-1447

2010-2011 School Year

Registration Fee: \$85.00

GENERAL PUBLIC

Date _____

Choice of Days:

First Choice	Second Choice
____ 1 day	____ 1 day
____ 2 days	____ 2 days
____ 3 days	____ 3 days
____ 5 days	____ 5 days

OFFICE USE ONLY

Date Received _____

CE CM S GP SS

Number _____

Registration fee _____

Check # _____

Class _____

Letter sent _____

Waiting List _____

Letter sent _____

Child's Name _____ Name Used _____

Address _____ Zip _____

Telephone () _____ Birth Date _____ Male/Female

E-Mail Address(es) (please print clearly) _____

Age of child as of **September 30, 2010** _____ years and _____ months

Is your child currently enrolled in our Preschool? Yes _____ No _____

Is your child toilet trained? _____

Father's Name _____

Father's Occupation _____

Business Address _____

Business Telephone () _____ Mobile Telephone _____

Mother's Name _____

Mother's Occupation _____

Business Address _____

Business Telephone () _____ Mobile Telephone _____

Are Parents: married _____ divorced _____ single _____
separated _____ deceased _____ engaged _____

Name, age and gender of other children in the family _____

Was your child on our Waiting List for the **2009-2010** school year? Yes ___ No ___

Are you a member of First Presbyterian Church? Yes ___ No ___

How did you hear about the Preschool? _____

Has your child attended preschool before? Yes ___ No ___ If YES, what preschool did your child
attend? _____ How long did your child
attend? _____

EMERGENCY INFORMATION

IF UNABLE TO LOCATE EITHER PARENT IN AN EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____ Telephone () _____

Name _____ Relationship _____ Telephone () _____

Doctor's Name _____ Telephone () _____

Address _____

Dentist's Name _____ Telephone () _____

Address _____

Hospital Preferred _____

Please list your child's known environmental/insect/food allergies. _____

Does your child have any medical, physical, and/or developmental needs that would impact his/her participation in a preschool class? Yes ____ No ____ If YES, please explain.

I understand that my **\$85.00** registration check is:

- 1) **NON-REFUNDABLE**, even if my child is placed on a waiting list.
- 2) credited to the **2010-2011** school year and **does not** carry over to a future registration period.

I confirm the above information is correct to the best of my knowledge.

(Signature of Parent or Guardian)

PERMISSION FOR EMERGENCY TREATMENT

IF YOU ARE UNABLE TO LOCATE EITHER OF MY CHILD'S PARENTS, I HEREBY GIVE YOU MY PERMISSION TO SECURE EMERGENCY TREATMENT FOR MY CHILD.

SIGNED _____

DATE _____