

# First Presbyterian Church Preschool

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

**2011-2012 School Year**

**Registration Fee: \$75.00 (Nonrefundable)**

## CHURCH MEMBER

**Date** \_\_\_\_\_

### Choice of Days:

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

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Birth Date \_\_\_\_\_ Male Female

Age of child as of **September 30, 2011** \_\_\_\_ years and \_\_\_\_ months

Is your child currently enrolled in our Preschool? Yes \_\_\_\_ No \_\_\_\_

Is your child toilet trained? Yes \_\_\_\_ No \_\_\_\_

Father's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone ( ) \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone ( ) \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_

CE CM S GP SS

Number \_\_\_\_\_

Registration fee \_\_\_\_\_

Check # \_\_\_\_\_

Class \_\_\_\_\_

Letter sent \_\_\_\_\_

Waiting List \_\_\_\_\_

Letter sent \_\_\_\_\_

Are Parents: married \_\_\_\_\_ divorced \_\_\_\_\_ single \_\_\_\_\_  
separated \_\_\_\_\_ deceased \_\_\_\_\_ engaged \_\_\_\_\_

Name, age and gender of other children in the family \_\_\_\_\_  
\_\_\_\_\_

List any other persons living in your household, and their relationship to your child \_\_\_\_\_  
\_\_\_\_\_

Was your child on our Waiting List for the **2010-2011** 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 require any medications such as an inhaler or epipen? Yes \_\_\_ No \_\_\_

Does your child require any medications to be administered on a regular basis while your child attends  
preschool? Yes \_\_\_ No \_\_\_ If YES, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

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.

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Was your child born premature? Yes \_\_\_\_ How many weeks premature? \_\_\_\_\_  
No \_\_\_\_

**FEES AND POLICIES**

- 1) I understand that my registration check is:
  - A) Non-refundable, even if my child is placed on a waiting list.
  - B) credited to the 2011-2012 school year and does not carry over to a future registration period
  - C) is separate from tuition
- 2) I agree to pay the monthly tuition fee for the days my child will attend First Presbyterian Church Preschool. I understand tuition is due on the first of each month.
- 3) I understand that I need to give one month's notice (in writing) for withdrawal from First Presbyterian Church Preschool, or the subsequent month's tuition will be charged.
- 4) I understand the May 2012 prepayment is nonrefundable after March 31, 2011.

**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.

- 5) I confirm the information I have provided is correct and true to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_