

First Presbyterian Church Preschool

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

2011-2012 School Year

Registration Fee: \$85.00 (Nonrefundable)

GENERAL PUBLIC

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.

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: _____