

Pre-Register NOW For 2011-1012 Preschool Classes

Thank you for your interest in our program. We look forward to serving your family in the upcoming school year. Our tuition rates for the 2011-2012 preschool year are as follows:

Early registration fee of \$50.00 is due at the time of registration and reserves your child's space. All children registering after May 31, 2011 will pay registration fee of \$65.00. Registration fee is non-refundable.

3 days per week yearly \$1,850.00 or 10 payments of \$185.00

2 days per week yearly \$1,500.00 or 10 payments of \$150.00

1 day per week yearly \$1,000.00 or 10 payments of \$100.00

If you choose to pay your child's tuition in 10 payments, payment #1 is due on Tuesday, August 2, 2011.

Fall classes will begin on Tuesday, September 6, 2011.

Please keep in mind that other than our start date, we follow the Hamilton County school schedule for Spring Break, Fall Break, Christmas Break, etc. Yearly tuition is based on the entire school year and remains the same regardless of absences due to illness, vacations, holidays, snow days, etc...

A complete calendar will be given at the beginning of school with monthly updates in our Preschool Newsletter.

**Greta Satterwhite
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Child's Application 2011-2012

Date of Tour/Interview _____ Date of Admission _____
Full Name of Child _____ Likes to be called _____
Child's Date of Birth ____ - ____ - ____ Days you wish to attend Tues. ____ Wed. ____ Thurs. ____

Parents/Guardian:

Mother's Name _____ Place of Work _____
Home Address _____ Zipcode _____
Home Phone _____ Cell Phone _____ Work Phone _____
Father's Name _____ Place of Work _____
Home Address _____ Zipcode _____
Home Phone _____ Cell Phone _____ Work Phone _____

Transportation Plan:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for you child. Please note that your child WILL NOT be released to anyone NOT listed. Person's listed below will need to show a photo ID when picking child up.

Emergency Information:

Please list contact information for others who can be contacted to pick up your child if you cannot be reached.

Name _____ Relationship to child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Name _____ Relationship to child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Child's Physician _____ Office Phone _____

Background Information:

Names of Other Children in the Family	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Notes on Child's Living Arrangements,Custody,etc. _____

Experiences with Other Children:

Has child been in childcare before? _____ If so, when and for how long? _____
Does child play with children from other families? _____ How often? _____

Does your child usually get his own way with other children? _____ If not, how does the child react? _____

What forms of discipline do you use? _____

Eating Habits:

Is your child Allergic to any foods? _____ If yes, please list _____

What time does your child eat breakfast _____ lunch _____ dinner _____ snacks _____

Favorite Foods _____

Disliked Foods _____

Is your child able to feed himself? _____

Special Request _____

Sleep Habits:

Child sleeps alone _____ Shares with other children _____ Rooms with Parents _____

Sleeps from _____ to _____ Average hours of sleep per night _____

Does child usually take naps? _____ If yes, at what time and for how long? _____

Attitude toward bedtime _____ Does child wet the bed? _____

Toilet Habits:

Is child potty trained _____ Comments: _____

If potty trained, does child take self to the restroom _____

Does child tell you when he needs to go and go willingly _____

Can child manage their own clothes at the toilet _____

What word does child use for urinate _____ Bowel Movement _____

Speech and Physical Growth:

How is your child's speech _____

Do you consider your child to be active or quiet; thin, average weight, heavy; tall, average height, short; outgoing or shy; friendly or unfriendly? (Circle)

Was your child premature? _____ If yes, how early? _____

Has your child ever been hospitalized? If yes, when and why? _____

Has your child had any surgeries? _____ Please explain _____

Does your child take daily medications? _____ If yes, please list _____

Does your child have any health conditions that we should be aware of? _____ Please list: _____

Do you consider you child to be in good health? _____

I have received a copy of licensing requirements.

I do hereby authorize emergency medical care.

Signature of parent(s)

Date enrolled _____ Date withdrawn _____ Reason: _____

Please use the back to provide any information you think we should know about your child.