

3's & 4's

Registration 2016-2017 School Year Reg Fee □cash □check #____

Tuition □cash □check #____

Medical Action Plan

Class

FOR OFFICE USE ONLY

Child's Name		Sex	Date of Birth (mm/dd/yy)
Parent/Guardian Names			
Child resides with: \Box Mother \Box F	Father \Box Both Parents \Box Other		
Complete Address		Phone	
		Alternate Phone	
How did you hear about us? \Box church \Box friend \Box website \Box Music with Mar. \Box Other			
Current church affiliation:	Does your child have allergies? Yes No If Yes, please explain		

(Plasso print all information logibly)

Please note anything else we should be aware of. Include any medical conditions as well as other information that would help us to serve you better.

Use reverse side if necessary

<u>Class Selection – Please enroll my child in:</u>

3-year-old class • Tuesday/Thursday (9:15 am – 12:00 pm)

4-year-old class • Monday/Wednesday/Friday

(9:15 am – 12:00 pm)

Will you be applying elsewhere for Universal Pre-K? DYes DNo

Please Note: All classrooms are contingent on full enrollment.

Payment Information: (Please make checks payable to Eastern Hills Preschool)

*A non-refundable registration fee of \$35.00 (one child) or \$50.00 (2 children) is due at registration.

*First month's tuition payment is due in September. Invoices will be sent.

*Please Note: All classes are contingent upon full enrollment

*Monthly Tuition Rates: <u>3-year-old class</u>: 2days/week (\$135.00/mo); <u>4-year-old class</u>: 3 days/week (\$175.00/mo)

Additional Information

- * An immunization record is required along with first month's tuition. If your child has a medical condition (i.e. asthma, severe allergy etc.), a medical report and action plan must be on file with us.
- * EHPS strongly recommends that children are toilet trained before beginning classes. We understand "accidents" and will work with you on temporary regression. However, if the child does not make significant progress and attain successful toilet training, they may not be ready to attend preschool and may be withdrawn upon consultation with parents, teacher, and program director.

I have read, understand, and agree to the above information and policies regarding registration of my child at Eastern Hills Preschool.

Signature of Parent/Guardian

Registration date