

Tree City Preschool

United Methodist Church of Kent
1435 East Main Street
P. O. Box 646
Kent, OH 44240
330.673.5879 x16

January 15, 2013

Dear Parents:

Thank you for your interest in Tree City Preschool. We offer classes for children ages three or young four, and classes for children ages four or young five. We are happy to send this information about our programs.

If you wish to enroll, please fill out the attached registration form and return it to the address listed above. A **non-refundable** registration fee equal to one month's tuition must accompany the registration form in order for the application to be processed. This fee will be applied to your child's tuition for May of 2014.

We are offering two separate programs next fall. The morning class meets from 9:00 to 11:15 and the afternoon class from 12:15 to 2:30. The cost of each program is \$120.00 per month. Lunch option is available with either of these programs. The times, including lunch option, are 9:00 to 12:00 or 11:30 to 2:30. The cost for a program with lunch option is \$160.00 per month. An All Day program option is also available. Children in this program would remain from 9 AM to 2:30 PM. The All Day cost is \$280.00 per month. All classes are held on Tuesday, Wednesday and Thursday of each week. Every effort will be made to place your child in the class you request. However, placement in the classes is also based on specific student/parent needs and class homogeneity. The final class placement is determined by the director. All students attending Tree City Preschool must be toilet trained.

If you enroll, you will receive further information about the 2013-2014 school year in August. Please contact Judy Dobbins at 330.673.7921 (home) or 330.673.5879 x16 (school) if you have any questions. Additional copies of this letter, application and other necessary form are available on our website, treecitypreschool.org.

Sincerely yours,

Judith P. Dobbins, Director
Tree City Preschool

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Child's Full Name _____ Birth date _____
Name to be used at school if different _____ Sex _____
Address _____ Phone _____
_____ E-mail address (optional) _____

Father's Name _____ Occupation/Employer _____
Business Address _____ Bus. Phone _____
Home Address (if different) _____ Cell Phone _____

Mother's Name _____ Occupation/Employer _____
Business Address _____ Bus. Phone _____
Home Address (if different) _____ Cell Phone _____

Marital Status of Parents: Married ___ Separated ___ Divorced ___ Single ___ Widowed ___ Other ___

Other members in the household: Relationship: Age:

Please list anyone else involved in rearing your child and give relationship (nanny, babysitter, grandparent, etc.)

Name **ALL** persons authorized by you to pick up your child from preschool _____

History of development that might be helpful for us to know (premature birth, serious illnesses or accidents, physical difficulties, special fears, etc.) _____

Describe your child's general health: _____

Food allergies: _____

Other allergies: _____

Explain any special difficulties such as speech, hearing, or any chronic physical problem we need to be aware of:

Is there a language other than English spoken at home? _____ What is it? _____

What kinds of group experiences has your child had?

Describe how your child interacts with other children: _____

Describe your child's favorite toys, activities, etc.: _____

How can our school best help your child? _____

All students attending Tree City Preschool **must** be toilet trained.

Which program are you interested in?

A. **Nursery School** ----- 3's and young 4's

Morning (9:00 – 11:15 A.M.) _____

Afternoon (12:15 – 2:30 P.M.) _____

Lunch Option _____

B. **Prekindergarten**-----4's and young 5's

Morning (9:00 – 11.15 A.M.) _____

Afternoon (12:15 – 2:30 P.M.) _____

Lunch Option _____

All Day (9:00 – 2:30) _____

Tuition Cost: Morning or Afternoon Session: \$120.00 per month / \$1,080.00 per year

Lunch Option: \$40.00 per month / \$360.00 per year

All Day: \$280.00 per month / \$2,520.00 per year

Full tuition is divided into nine equal payments of which the first payment is the registration fee. **The registration fee must accompany this form in order for registration to be valid.** This fee is non-refundable. The remaining eight payments are due on the first day school is in session each month beginning in September and ending in April. Please sign below to indicate that you understand these conditions:

Signature _____ Date _____

A class contact list will be prepared for class members' families at the beginning of the year. This contact list will be made available only to the members of Tree City Preschool. For this to be made available, you need to sign and date the following permission:

I **do** _____ **do not** _____ give permission for parent names and phone numbers to appear on the class contact list that will be available to other class members on request.

Signature _____ Date _____

I **do** _____ **do not** _____ give permission for my child to go on supervised walks on church property throughout the school year.

Signature _____ Date _____

DATE ADMITTED _____ PAYMENT _____

CLASS _____