



For office only: # _____ Sibs _____

Start date: _____ Check # _____

2010-2011 School Year

Child's Name _____ Date _____

Preference for child's nametag _____ Sex M F Birthdate / /

Address _____
Street City State Zip

Home Phone (____) _____ E-mail _____

Mother _____ (____) _____
Name Place of employment Work/Cell Phone (please circle one)

Father _____ (____) _____
Name Place of employment Work/Cell Phone (please circle one)

Enrollment will be complete when this form and the following enrollment fee are received.

\$100.00 for a new child or family

\$55.00/\$100.00 for a returning child/family

*****Please indicate first, second and third choice:*****

Discovery Days I (birthdate between Sept 2008 and Jun 2009 and walking)

Half day: 8:45-11:15am/\$80.00 per month _____ Mon _____ Thurs

Long day: 8:45am-2:30pm/\$120.00 per month _____ Tues _____ Weds

Discovery Days II (birthdate between Sept 2007 and Aug 2008)

Half day: 8:45-11:15am/\$75.00 per month _____ Mon _____ Fri

Long Day: 8:45am-2:30pm/\$110.00 per month _____ Tues _____ Weds _____ Thurs

Preschool 3 year olds (birthdate between Sept 2006 and Aug 2007 and potty trained with no pull-ups)

(There are two classes meeting on Wednesday/Friday. We reserve the right to assign classes as we deem most successful)

Two days a week, 8:45-11:15am/\$120.00 per month _____ Tues/Thurs _____ Weds/Fri

Yellow Enrichment*, 8:45-11:15am/\$65.00 per month _____ Mon

Preschool Blue (Younger 4 year olds) (birthdate between Mar 1, 2006 and Aug 2006 and potty trained)

Three days a week, AM 8:45-11:15am/\$155.00 per month _____ Mon/Tues/Thurs

Three days a week, PM 12:15-2:45pm/\$155.00 per month _____ Tues/Weds/Thurs

Blue/Red Enrichment* 8:45-11:15am/\$65.00 per month _____ Fri

Preschool Red (Older 4 year olds & growth year) (birthdate between Jun 2005 and Feb 28, 2006 or growth year)

Three days a week, AM 8:45-11:15am/\$155.00 per month _____ Mon/Tues/Thurs

Three days a week, PM 12:15-2:45pm/\$155.00 per month _____ Tues/Weds/Thurs

Blue/Red Enrichment*, 8:45-11:15am/\$65.00 per month _____ Fri

Preschool Lunch/Brunch Bunch*

As noted above, please indicate your **first, second and third choices.**

Optimally, I would like my child to attend each week: 1 session 2 sessions 3 sessions

(multiple lunch bunch sessions will be offered if there is space available after all those interested have one day)

Lunch Bunch is available to Yellow, Orange, Purple, Green, Blue AM, Red AM,

11:15am-2:45pm /\$65.00 per month

_____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays

Brunch Bunch, available to Blue PM & Red PM, 8:45am-12:15pm/\$65.00 per month

_____ Wednesdays

*Lunch/Brunch Bunch will begin after a two-week adjustment period and with a shortened ease-in schedule.

*Enrichment will begin after a two-week adjustment period.

Please complete the reverse side

Complete as much information as possible. Please inform the office if any of this information changes while your child is enrolled in the program.

Are both parents living in the child's home? _____ If no, please explain the situation (including custody arrangements):

Other than parents, please list any people living in the household with your child:

Name	Age	Relationship to child

Is there any other person involved in the care giving of your child? If yes, please explain:

Parent's occupations:

Does your child have a favorite possession (i.e. blanket, bear, pacifier, etc)?

Does your child have any allergies? Will he or she have allergy medicine in the office (i.e epi pen?) If yes, please explain:

Is your child receiving any special services (i.e. speech therapy, physical therapy, etc)?

Does your child have any other developmental or health problem that would be helpful for us to know?

Is your child attempting to potty train? What words are you using for this process?

Do you have any concerns about your child at this point?

*You should receive notification of class placement one week from time of enrollment. Please understand all classes are dependent upon a sufficient enrollment to make a class effective. **In the event a class must be canceled, notification will be given no later than May 1, 2010.***

*I understand **one month's tuition will be due July 1st, 2010.** This payment is non-refundable. Additional payments will be made September 2010 through April 2011.*

I understand Aldersgate Preschool Plus has the final decision in all placements in order to make the classes and each child's experience the most successful.

*I am including a registration fee in the amount of _____ (\$100.00 per new child or family, \$55.00/\$100.00 returning child/family). **I understand this fee is non-refundable unless a class is canceled.***

Parent's Signature: _____