

# FIRST PRESBYTERIAN CHURCH WEEKDAY SCHOOL

## KINDERGARTEN REGISTRATION FORM

Children must be 5 by August 31, 2024, to enroll in Kindergarten.

Child's Full Name \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Name to be Called \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child's Age 8/31/24 \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Other children in the family (list name, age and sex) \_\_\_\_\_

Pets in your home (list kind and age) \_\_\_\_\_

Medical or developmental issues we need to know about (allergies, hearing, eyesight, behavior, Attention Deficit etc.) \_\_\_\_\_

Prescriptions or over-the-counter medicine your child is taking \_\_\_\_\_

Special Needs \_\_\_\_\_

Does your child have fears, worries, dislikes? Describe \_\_\_\_\_

Doctor's name _____	Phone _____
Dentist's name _____	Phone _____

Name of person to call if neither parent can be reached \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Second Choice: Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of person or persons to whom child may be released

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_

I understand the Weekday School, the teachers, the director, and First Presbyterian Church assume no responsibility for accidents while engaged in school activities.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Photo Permission: Permission is given to members of the Weekday School to photograph my child in school activities for classroom viewing, parent education events, local publicity, the school's website, or social media. I understand that children's names will not be used.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p>Kindergarten hours are 8:00 am-12:00 pm.</p> <p>{ } I am interested in Lunch Bunch (Wed 12:30-1:30 pm)</p>
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A medical form is required and will be provided on our website.

In consideration of First Presbyterian Church Weekday School in enrolling this child, we the undersigned do hereby agree to the following conditions:

I/We enclose the proper registration/curriculum fee, which will cover the cost of supplies and curriculum for the year. The **NON-REFUNDABLE** registration/curriculum fee is \$250.00.

I/We understand that this child is enrolled for the entire school year. Parents/guardians are responsible for the full year's tuition except for illness or relocation.

Kindergarten tuition is \$3,015 per year, payable in 9 installments of \$335. Tuition schedules have been set up by the bookkeeper for the convenience of the parents. Payments are due at the first of each month, August-April. Payments must be made by the 10th of the month; if not, an additional fee of \$10.00 will be charged. Make checks payable to First Presbyterian Weekday School. **Monthly notices will not be sent to parents.**

I/We will turn in the health form signed by our child's physician at the time specified by the Weekday School.

**Date** \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_