

# FIRST PRESBYTERIAN CHURCH WEEKDAY SCHOOL

## REGISTRATION FORM

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

Name to be Called \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Age 8/31/22 \_\_\_\_\_

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 teacher, 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 for 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 \_\_\_\_\_

**Please enroll this child in:**

- Mother's Morning Out-One year old class: 2 day (Mon & Wed) .....\$110
- Mother's Morning Out-One year old class: 2 day (Tues & Thurs) .....\$110
- Two year old class: 2 day (Tues & Thurs).....\$110
- Two year old class: 3 day (M-W-F).....\$135
- Three year old class: 4 day (M-T-W-Th ).....\$155
- Three year old class: 5 day (M-T-W-Th-F).....\$165
- Four year old class: 4 day (M-T-W-Th).....\$155
- Four year old class: 5 day (M-T-W-Th-F).....\$165
- I am interested in Early Morning Drop Off (8:00 am)
- I am interested in Lunch Bunch (Wed & Th 12-1:30 pm)

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 fee, which will cover the cost of supplies for the year. The **NON-REFUNDABLE** registration fee is the amount of the child's monthly tuition.

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.

Tuition schedules have been set up by the bookkeeper in 9 monthly payments, September-May. IN SEPTEMBER, WE ASK YOU TO PAY TUITION FOR THE MONTHS OF SEPTEMBER AND MAY. 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 \_\_\_\_\_