

FIRST PRESBYTERIAN CHURCH WEEKDAY SCHOOL

KINDERGARTEN REGISTRATION FORM

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

Child's Full Name _____ Sex M _____ F _____

Name to be Called _____ Date of Birth ____ / ____ / ____ Child's Age 8/31/23 _____

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** _____

<p>Kindergarten hours are 8:30-12:30. { } I am interested in Early Morning Drop Off (8:00 am) { } I am interested in Lunch Bunch (Wed & Th 12:30-1:30 pm)</p>

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** _____