

# His House

## Preschool & Learning Center



## 2017-2018 School Year Program Registration Packet

WELCOME TO HIS HOUSE PRESCHOOL! We are excited about sharing a new school year with you and your child. Our entire staff is committed to your child's spiritual, physical, intellectual, emotional and social development in a Christ-centered environment of love, care, learning, safety and acceptance.

**STUDENT REGISTRATION:** Complete the attached forms and return them to the His House Preschool Office along with the following requested items:

- Registration Forms & Fees
- Immunizations (*copy- dated 2017*)
- Birth Certificate (*copy-new students*)

EARLY REGISTRATION for current students is due by March 1 to reserve your child's placement. After this time registration will be open to the public and your child's spot will not be secure.

2016-2017 TUITION w/ August Pro-rate (*Due by the 5<sup>th</sup> of each month*):

		<u>M-F</u>	<u>M/W/F</u>	<u>T/TH</u>
Infants / Toddlers	Standard Day	\$515 ( <i>Aug \$255</i> )	\$320 ( <i>Aug \$160</i> )	\$225 ( <i>Aug \$115</i> )
Infants / Toddlers	Extended Care	\$715 ( <i>Aug \$355</i> )	\$455 ( <i>Aug \$230</i> )	\$325 ( <i>Aug \$165</i> )
Preschool	Standard Day	\$485 ( <i>Aug \$245</i> )	\$295 ( <i>Aug \$150</i> )	\$210 ( <i>Aug \$105</i> )
Preschool	Extended Care	\$685 ( <i>Aug \$345</i> )	\$430 ( <i>Aug \$215</i> )	\$310 ( <i>Aug \$155</i> )

REGISTRATION / CURRICULUM FEE (*non-refundable*):

Current Students:	\$100
New Registration:	\$200

WAITING LIST FEE (*non-refundable deposit applied to Registration/Curriculum Fee*): \$50

HIS HOUSE MEET-THE-TEACHER & ORIENTATION: Parents and Students are invited to attend our orientation and meet-the-teacher on Wednesday, August 16 or Thursday, August 17 at 10:00am. You can choose to come either of those days. There will be a brief His House Orientation, followed by some classroom activities for children to get to know their classroom and our preschool. We will give out and review our Parent Handbook and other important school year program information.

FIRST DAY OF CLASSES: Mon. August 21<sup>st</sup>    Tues. August 22<sup>nd</sup>    (*Depending on your schedule*)

STANDARD DAY:	8:00 am to 2:00 pm	Drop off 7:50-8:00am	Pickup 1:45-2:00pm
EXTENDED CARE:	7:15 am to 4:00 pm	Drop off 7:15-7:45am	Pickup 3:45-4:00pm

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Preschool Office Use Only
Application Date: _____
Enrollment Date: _____
Amount Pd: _____
Check #: _____
Start Date: _____
Class: _____
Days: _____
Hrs: _____

## 2017-2018 STUDENT REGISTRATION

Child's Legal Name: \_\_\_\_\_

Child Goes By: \_\_\_\_\_ Male ( ) Female ( ) Date of Birth: \_\_\_\_\_

Circle requested days:

*Monday – Friday*

*Tuesday / Thursday*

*Monday/Wednesday/Friday*

Circle requested times:

*8:00 am – 2:00 pm = Standard Day*

*7:15 am – 4:00 pm = Extended Care*

### FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

Marital Status of Parents: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

If divorced, person having legal custody of child: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Mother's Work hours: \_\_\_\_\_ Mother's Work Phone #: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Father's Work hours: \_\_\_\_\_ Father's Work Phone #: \_\_\_\_\_

### MEDICAL INFORMATION

Any medical conditions we should be aware of? \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Does your child have food, outside, inside or animal allergies? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

Allergy Treatment, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is Epi-pen required? \_\_\_\_\_ (If yes, please attach Allergy Action Plan)

List all medications your child takes \_\_\_\_\_

Is your child toilet trained? ( ) Yes ( ) No What words are used for toileting? \_\_\_\_\_

Please check any that apply:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	German Measles
<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Biting	<input type="checkbox"/>	Polio
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Prolonged Illness
<input type="checkbox"/>	Chicken Pox Vaccine	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	Defective Heart	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Surgeries
<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	Sunburn Sensitivity
<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	Tested Positive for Tuberculosis
<input type="checkbox"/>	Frequent Ear Infections	<input type="checkbox"/>	Whooping Cough
<input type="checkbox"/>	Frequent Throat Infections	<input type="checkbox"/>	Other:

Has your child been tested for vision? ( ) Yes ( ) No If yes, when? \_\_\_\_\_

Results: \_\_\_\_\_

Other conditions or comments: \_\_\_\_\_

EMERGENCY CONTACTS (Other than parents)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

AUTHORIZED PICK-UP PERSONS (Other than parents)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List anyone who is NOT allowed to pick up your child/children?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

BIRTH CERTIFICATE AND IMMUNIZATION RECORD

All children must have current immunizations and a legal birth certificate to register with His House. For new students to His House, please attach a copy of your child's birth certificate and current immunization record to this registration form. A child's enrollment may be suspended if the required documents have not been turned into the His House office within two weeks of registration.

# His House Preschool

## PARENTAL AGREEMENT

1. I will provide a copy of my child's immunization records to His House Preschool within two weeks of enrollment. Parent Initials: \_\_\_\_\_
2. Tuition Payments are due by the 5<sup>th</sup> each month. I understand that a \$15 fee will apply for payments exceeding the 10<sup>th</sup>. Returned check fee is \$25. Parent Initials: \_\_\_\_\_
3. Standard Drop-off time is 7:50 to 8:00 am and Pick-up time is 1:50 to 2:00 p.m. Extended Care Drop-off time is 7:15-7:45 am and Pick-up time is 3:45-4:00 pm. A late fee of \$1.00 per minute may be assessed for pick-up times beyond 2:00 or 4:00 pm. Parent Initials: \_\_\_\_\_
4. I give permission for my child, to be photographed or videotaped in activities related to His House. I understand that these photographs and/or videos are for the purposes of documenting my child's progress and/or promotional materials. Parent Initials: \_\_\_\_\_
5. I give permission for my child's photographs and/or videos to be shared on His House social media sites (Facebook) and the His House Website. Parent Initials: \_\_\_\_\_
6. I understand that discipline at His House will consist of positive reinforcement, redirection, and time out procedures. Parents of a child demonstrating significant behavior difficulties may be requested to attend a parent teacher conference. Parent Initials: \_\_\_\_\_
7. His House is a peanut/nut product FREE environment. No food, play items, etc. are to be brought into the building containing nuts or nut products. Due to Health Department rules homemade treats are NOT permitted. Parent Initials: \_\_\_\_\_
8. I give my consent for His House Learning Center & Preschool staff to apply sunscreen to my child as needed. Parent Initials: \_\_\_\_\_
9. All medications require written instructions and parental authorization on a His House medication form. All prescription medications must be in the original container with the prescription label attached. Parent Initials: \_\_\_\_\_
10. His House retains the right to dismiss any student at any time. I understand that I may request a conference with the Director or my child's teacher at any time. Parent Initials: \_\_\_\_\_
11. I do hereby request and give consent to the Director of His House Preschool at Rogers First Church of the Nazarene or a duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. I also authorize any necessary transportation for such care, whether by emergency vehicle or by private vehicle. Parent Initials: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Name Printed: \_\_\_\_\_