

His House

Preschool & Learning Center



2024-2025 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 2024*)
- Birth Certificate (*copy-new students*)

EARLY REGISTRATION for current students is due by February 23 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.

2024-2025 TUITION (*Due by the 5th of each month*):

		<u>M-F</u>	<u>M/W/F</u>	<u>T/TH</u>
Infants	Standard Day	\$730	\$450	\$340
Infants	Extended Day	\$995	\$645	\$480
<i>**Infants who have a secure spot in our school year program will be required to pay half tuition each month until the child starts**</i>				
Toddlers / Twos	Standard Day	\$710	\$430	\$320
Toddlers / Twos	Extended Care	\$970	\$625	\$460
Preschool	Standard Day	\$670	\$400	\$300
Preschool	Extended Care	\$930	\$590	\$430

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

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

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

FIRST DAY OF CLASSES: Mon. August 19th Tues. August 20th (*Depending on your schedule*)

STANDARD DAY:	8:00 am to 2:00 pm	Drop off 8:00 am	Pickup 2:00 pm
EXTENDED CARE:	7:00 am to 4:00 pm	Drop off 7:00 am	Pickup 4:00 pm

MEET-THE-TEACHER & ORIENTATION: Thursday, August 15 from 4:30-6:30pm

His House Preschool ♦ 4911 West Pleasant Grove Road ♦ Rogers, AR 72758
479-636-7165 ♦ hishouse@rogersfirst.com ♦ Fax: 479-631-6469

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

2024-2025 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

7:00 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.