

HOPE PRESBYTERIAN PLAYSCHOOL
REGISTRATION AND INFORMATION PACKAGE

This package is provided to give parents information necessary to register their child(ren) at Hope Presbyterian Playschool.

This package includes:

1. Registration Form 2. Enrollment Questionnaire 3. Parental Agreement Form

Total due at time of registration is \$125.

REGISTRATION FEE is \$100 for all classes. **\$50 is NON-REFUNDABLE**. The other \$50 will be applied toward the first month's (August) tuition and is refundable if the director is notified at least 30 days prior to school opening that the child will not attend Hope Playschool. Classes will be filled on a first come, first served basis. SUPPLY FEE - There is a one time \$25 Supply Fee due at the time of registration.

Any class that has enrollment below a self-supporting number of students may be canceled. The parents will be contacted if, and as soon as, the decision to cancel is made.

The Enrollment Questionnaire, Parental Agreement Form, and Certificate of Immunization must be on file at the church office before your child can attend his/her class. The Certificate of Immunization form may be obtained from your doctor or the health department.

The following classes (with their respective fee) will be available for the **2016-2017** school year. All classes are held from 9:00-12:00. An optional "Stay day" program (Noon-1 p.m.) is offered to the Three and Four Year Old classes. The cost is \$3.50 per day and children bring their lunch and a drink. Monthly or weekly "Stay day" cards may be purchased.

\$155 monthly 3 years old – Mon., Tues., Wed., Thurs. (8 to 1 ratio)

\$155 monthly 4 years old- Mon., Tues., Wed., Thurs. (8 to 1 ratio)
*Incorporates kindergarten readiness program

In order to register, the following Registration Form with the Registration Fee should be submitted to:

HOPE PRESBYTERIAN PLAYSCHOOL
10001 BAILEY COVE ROAD
HUNTSVILLE, ALABAMA 35803

Child's Name _____

Child's DOB M/D/Yr _____ / _____ / _____ Child's Age on Sept. 1, 2016 _____

Class Requested _____ Phone _____

Parents' Names _____

PARENTAL AGREEMENT FORM

1. Arrival time is 8:55 AM. Please be prompt. Parents must drop children off at the covered entrance in the back of the church (3's & 4's ONLY) where the director or teacher will escort them from the car into the building. Two-year-olds need to be accompanied to their classroom using the front entrance of the church and wait until the teacher receives them. Do not drop the child off in the parking lot.
2. All children must be picked up no later than 12:00 PM. A \$10 daily fee will be charged to those who are habitually 5 to 10 minutes late.
3. The school will not release a child to anyone other than the parent or guardian, unless there is written permission from the parent. In an emergency, call the office (256-881-0031) and speak with the Director or Office Manager.
4. The school will exercise reasonable care and judgment in all matters relating to the welfare and safety of the child.
5. The school will provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities. We request that children do not bring toys from home.
6. If a child should become ill at school, we will contact one of the parents (or your designated person or persons) who will be required to come immediately for the child.
7. If a child has a **TEMPERATURE, RASH, VOMITING, DIARRHEA, THICK GREEN DISCHARGE FROM NOSE OR EAR, BAD COUGH**, or any other contagious illness, he/she must be kept at home until **FREE FROM ALL SYMPTOMS FOR AT LEAST 24 HOURS without Tylenol or Motrin**. In order to keep illness to a minimum, this rule will be enforced.
8. We do not administer medicine of any kind. Antibiotic ointment is used on open scrapes, small cuts or slivers. If a child has an allergy to this medicine or any other allergy it must be noted on the enrollment questionnaire. For children with severe allergic reactions Benadryl and/or Epipens may be kept in Director's office.
9. The school will notify parents in the event of exposure to a contagious illness within a child's class. Please help us by letting us know if your child should become ill with a contagious disease so we can notify other parents.
10. In the case of illness or injury, when both parents cannot be reached, and in the judgment of the Director, the illness requires a physician, the child's physician may be called at the parent's expense.
11. In all emergencies, the school has the permission to take such reasonable measures as are, in the judgment of the worker, necessary for the welfare and safety of the child.
12. The school is not liable for accidents occurring to the child while he/she is in its care.
13. Except for starting and ending dates, we observe Huntsville City Schools' schedule including holidays and during inclement weather. If there are severe weather warnings out in the morning, the school will not open until the warning is cancelled. All children need to be picked up promptly when school closes because of severe weather.
14. **Charges cannot be deducted for days missed due to illness or vacation.**
15. **Tuition must be paid by the first of each month.** If this presents a hardship for anyone, please let the Director know and a workable situation will try to be arranged. A child that will not attend class for a full month or months, for any reason, must still pay that month's tuition on time to insure the child's placement in that class is held.
16. The parent will give thirty days notice if the child is to be withdrawn from Hope Presbyterian Playschool. Otherwise, the charge will be for the entire month.
17. We cannot take drop-in children, nor children who are visiting in your home.
18. I agree to notify the director as soon as I know, if my child will not be attending Hope Playschool (for any reason).
19. I understand full tuition is paid by the 1st of each month August-May (10 months) and late after the 5th.

I have read and will abide by the above list of agreements.

Parent's signature _____

Date _____

ENROLLMENT QUESTIONNAIRE

GENERAL INFORMATION:

Date to be enrolled _____

Child's name _____ Name used at home _____

Date of birth _____ Present Age _____ Sex _____ Home Phone# _____

Address _____ Zip _____

E-Mail Address _____

Father's Name _____ Occupation _____

Business Address _____ Phone # _____ Cell # _____

Mother's Name _____ Occupation _____

Business Address _____ Phone # _____ Cell # _____

RELIGIOUS AFFILIATION:

Church you attend _____

If no membership, give church preference _____

EMERGENCY INFORMATION:

Child's Doctor _____ Phone # _____

Local person authorized to act for parents in emergency:

Name _____ Phone # _____

Address _____ Work # _____

Name _____ Phone # _____

Address _____ Work # _____

Persons authorized to pick up child: (give at least two names; we will not release your child to anyone not listed) _____

MEDICAL HISTORY OF CHILD:

Normal Birth _____ If premature how many weeks _____ Explain any other complications at birth _____

Is your child in or had Early Intervention _____ Explain _____

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Flu _____ Meningitis _____

Convulsions _____ **Allergies** _____

Any evidence of hearing loss or difficulties? _____ Any evidence of vision difficulties? _____

Speech disabilities? _____

Operations _____ Hospitalizations _____

Other illnesses? _____

Does your child seem to have a dominate hand? _____ Left _____ Right _____

FAMILY:

Does child live with one or both parents? _____

Specify if guardian is other than parents _____

Names and ages of other children in home: _____

Pets: _____ Language spoken in the home: _____

SOCIAL AND PHYSICAL GROWTH:

What would you like us to know about your child? _____

_____ (e.g. Unusual fears?)

Does your child have a problem that concerns you? _____

What do you feel are his/her special abilities or capabilities? _____

EXPERIENCES WITH OTHERS:

What are some of the ways your child plays at home? _____

Favorite toys? _____ Special interests? _____

Favorite TV programs? _____ Favorite foods? _____

Does he/she play well with other children? _____

How does he/she react when he/she does not get way? _____

Is child enrolled in a special group (sports, etc.)? _____

How often do you read to your child? _____

List methods of discipline used with your child _____

Name some fun things that you do together _____

In what ways do you expect our program to enrich your child? _____

How did you find out about Hope Presbyterian Playschool? _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE CAN BE WRITTEN ON THE BACK.