

**HOPE PRESBYTERIAN PLAYSCHOOL  
REGISTRATION AND INFORMATION PACKAGE**

This packet includes:

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

**Total due at the time of registration is \$200.**

This amount includes a Registration Fee of \$150 and a \$50 Supply Fee. **\$50.00 of the Registration Fee is NON-REFUNDABLE.** \$50.00 will be applied toward the first month's tuition and is refundable if the Playschool is notified at least 30 days prior to the first day of school if the child will not attend.

Classes will be filled on a first come, first served basis.

***If a class should have enrollment below a self-supporting number of students before the beginning of the school year, the class may be canceled. In this case, parents will be notified immediately. We will do our best to avoid this situation.***

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

The following classes will be available for the **2021- 2022** school year. Classes are held from 9:00 a.m. - 12:00 p.m. Our optional **Stay Day Program**, where students bring a lunch and enjoy extra play time with their friends, is offered for \$3.50 per day from 12:00 p.m. – 1:00 p.m.

**Classes:**

2 years-old (20 months and older)	(6 to 1 ratio)	Two days/week (M/W or Tu/Th, <b>please circle one</b> )	\$150 per month
		<b>OR</b>	
		Four days/week (M-Th)	\$250 per month
3 years-old	(8 to 1 ratio)	Monday – Thursday	\$175 per month
	*Must be <b>FULLY</b> potty trained for this class		
4 years-old/Pre-K	(8 to 1 ratio)	Monday- Thursday	\$175 per month
	*Preparatory for Kindergarten – children must be 4 on or before <b>September 1</b>		

In order to register, this form **AND** the registration fee should be submitted to:

HOPE PRESBYTERIAN PLAYSCHOOL  
10001 BAILEY COVE ROAD  
HUNTSVILLE, ALABAMA 35803

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

Child's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_                      Child's age on Sept. 1, 2021 \_\_\_\_\_

Class Requested \_\_\_\_\_ Phone \_\_\_\_\_

Parent Names \_\_\_\_\_

## **PARENTAL AGREEMENT FORM**

1. Arrival time is 8:55 a.m., please be prompt! Parents must drop children off at the covered entrance in the back of the church where the teacher will escort them from the car into the building. Do not drop the child off in the parking lot.
2. All children must be picked up no later than 12:00 p.m. A \$10 daily fee will be charged to those who are habitually 5 to 10 minutes late.
3. The school will only release your child to those authorized by parent to pick-up unless there is written permission from the parent. In case of emergency, please contact the office at 256-881-0031.
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 your child should become ill, you will be contacted immediately for pick up. If the parent or guardian cannot be reached, we will contact your designated person(s).
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.**
8. We do not administer medicine of any kind. Antibiotic ointment is used on open scrapes, small cuts or slivers. If your 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, Epi Pens, etc. may be kept at the Playschool.
9. The school will notify parents in the event of exposure to a contagious illness within a child's class. Likewise, please notify the Playschool if your child should become ill with a contagious disease so we can notify other parents.
10. In case of illness or injury that requires a physician, when parents or guardians cannot be reached, and in the judgment of the Playschool, 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 the 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. **Tuition must be paid by the first of each month.** If this presents a hardship, please let us know and a workable situation will 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.
15. Tuition cannot be deducted for days missed due to illness or vacation.
16. A thirty-day notice is required 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 immediately if my child will not attend Hope Playschool (for any reason).**
19. **I understand full tuition is paid by the 1<sup>st</sup> of each month August-May (10 months) and is considered late after the 5<sup>th</sup>.**

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

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

ENROLLMENT QUESTIONNAIRE

**GENERAL INFORMATION:**

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:** (if none, please mark N/A)

Church you attend \_\_\_\_\_  
If no membership, give church preference \_\_\_\_\_  
N/A \_\_\_\_\_ Other \_\_\_\_\_

**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 :

Has your child had any of the following:

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 BELOW.