

Rehobeth Preschool Registration Form

2021-2022

Please return completed form and registration fee to: Rehobeth Preschool 4475 Rehobeth Church Rd GSO, NC 27406

Name of Child _____ Birthday _____ Male ___ Female ___

Address: _____ City _____ Zip Code _____

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Primary E-mail address for preschool communications: _____

Physician: _____ Phone number: _____ Hospital Preference: _____

Medical Needs/Allergies: _____

FAMILY DYNAMICS IN THE HOME: Mother ___ Father ___ Grandmother ___ Grandfather ___ Aunt ___ Uncle ___

Siblings in the home: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

EMERGENCY CONTACT: (please place in order to be contacted)

1. _____ Phone Number _____ (H/C)

2. _____ Phone Number _____ (H/C)

3. _____ Phone Number _____ (H/C)

Persons Authorized to pick your child up beside parents/guardians.

1. _____ Phone Number _____ (H/C)

2. _____ Phone Number _____ (H/C)

3. _____ Phone Number _____ (H/C)

PLEASE INDICATE THE DESIRED CLASS

| | | |
|--------------------|-------------------------------|------------------|
| _____ 2-year class | _____ Tuesday/Thursday (9-12) | \$190.00/monthly |
| _____ 3-year class | _____ Mon/Wed/Fri (9-12) | \$225.00/monthly |
| | _____ Monday-Friday (9-12) | \$300.00/monthly |
| _____ 4-year class | _____ Mon/Wed/Fri (9-12) | \$225.00/monthly |
| | _____ Monday-Friday (9-12) | \$300.00/monthly |

(LUNCH BUNCH MAY BE OFFERED DURING THE YEAR. PLEASE CHECK WITH ADMINISTRATION DURING OPEN HOUSE.)

NON-REFUNDABLE REGISTRATION FEES

Returning Students: \$85.00

New Students: \$95.00

2nd student in family to register: \$55.00

2nd child enrolled will receive a 10% discount on lowest tuition price.

Checks should be made out to REHOBETH PRESCHOOL.

Registration and Tuition payments can be made on church website.

Monthly tuition is due by the end of the first Friday of each month.

A \$10.00 late fee will be added to all payments received after closing on the 15th of each month.

Parents are expected to assume financial responsibility for their child the entire year except in the case of withdrawal.

A two-week notice is required for withdrawal.

MEDICAL REALEASE FORM 2021-2022

REHOBETH UMC PRESCHOOL

We/I the parent of _____ do hereby relieve Rehobeth UMC and all the employees of Rehobeth Preschool from any liability or fault due to any accident or illness that may occur to said child while said child is in attendance of the Rehobeth Preschool. Be it further agreed that said child's parents give permission to any and all employees in charge on that day that said child is in attendance, to grant any and all emergency personnel the right to treat said child for any accident or illness in the event that the parent(s) cannot be reached before treatment is considered necessary. The decision that treatment is necessary will be based on the opinion of a licensed emergency personnel. Parents do hereby relieve any and all employees of Rehobeth UMC Preschool of any liability in connection with the medical treatment to said child.

Parent/Guardian Signature: _____ Date: _____

PLEASE SHARE YOUR CHILDS PERSONALITY TRAITS WITH US :

DOES YOUR CHILD EXPERIENCE PRONOUNCED DIFFICULTY IN ANY AREA? (example: separation anxiety, medical problems (including disabilities), difficulty getting along with peers, etc.)

PLEASE SHARE WITH US ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD OR THE EXPECTATIONS YOU HAVE REGARDING YOUR CHILDS EXPERIENCE AT REHOBETH PRESCHOOL.

Office use only: Date sent: _____ Reg. Fee: _____ Conf. Letter: _____ Withdrawal Date: _____