

# Rehobeth Preschool Registration Form

2023-2024

Please return registration packet, medical screening, and registration fee to: Rehobeth Preschool 4475 Rehobeth Church Rd GSO, NC 27406

***All portions of this application must be completed.***

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 (9am-12pm)	\$190.00/monthly
_____ 3-year class	_____ Mon/Wed/Fri (9am-1pm)	\$255.00/monthly
	_____ Monday-Friday (9am-1pm)	\$300.00/monthly
_____ 4-year class	_____ Mon/Wed/Fri (9am-1pm)	\$255.00/monthly
	_____ Monday-Friday (9am-1pm)	\$300.00/monthly

## NON-REFUNDABLE REGISTRATION FEES

Returning Students: \$85.00

New Students: \$95.00

2<sup>nd</sup> student in family to register: \$55.00

2<sup>nd</sup> 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 school day on the 15<sup>th</sup> of each month.

**A \$10.00 late fee will be added to all payments received after closing on the 15<sup>th</sup> 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 RELEASE FORM 2022-2023

### 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 :**

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

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**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.**

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*Office use only: Date sent: \_\_\_\_\_ Reg. Fee: \_\_\_\_\_ Conf. Letter: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_*