

Dear Parents:

Thank you for your inquiry about our 2010-2011 preschool classes. To be eligible for enrollment your child must have attained the age for the desired class on or before September 1, 2010.

Preschool fees will consist of a \$90.00 non-refundable registration fee payable upon submission of the application and monthly tuition payable on the first school day of each month, September through May. Classes begin August 30, 2010 and end May 26, 2011.

Monthly Tuition:

Age 1	1 day (Tuesday, Wednesday or Thursday)	70.00
Age 1	2 days (Tuesday, Wednesday or Thursday)	130.00
Age 2	2 days (Mon, Tues, Wed or Thursday)	130.00
Age 2	3 days (Mon, Tues, Wed or Thursday)	150.00
Age 3	3 days (Tuesday, Wednesday, & Thursday)	150.00
Age 3	4 days (Monday, Tuesday, Wednesday & Thursday)	170.00
Age 4	4 days (Monday, Tuesday, Wednesday & Thursday)	170.00

(Four year olds will have an activity fee of \$40.00)

We will offer a lunch bunch program for 2, 3 and 4 year olds Monday thru Thursday until 1:00 p.m. at the rate of \$4.00 per day. Children must be potty trained to stay for lunch bunch. Children need to bring their lunch and a drink for lunch bunch.

To apply for enrollment of your child, please complete the application form and return it promptly with the \$90.00 registration fee. Your application will be accepted unless we notify you to the contrary within ten days after receipt. An immunization form (#3231) and a copy of your child's birth certificate are required at our open house/ orientation on August 19, 2010.

Sincerely,

Angie Spiva, Director

Sandy Plains Baptist Preschool
ENROLLMENT APPLICATION

I. PERSONAL INFORMATION (PRINT ALL INFO)

Child's Full Name _____ Sex _____

Name Child is called _____ Phone _____

Address _____

(Street)

(City)

(Zip)

E-mail _____ Age on 9/1 this year _____

Date of Birth _____ Birthplace _____

Preschool program desired:

- () MMO (1 year) (1 day Tuesday, Wednesday or Thursday) circle one
- () MMO (1 year) (2 days Tuesday, Wednesday, Thursday) circle two
- () Age 2 (2 days per week, Monday, Tuesday, Wednesday, Thursday) circle two
- () Age 2 (3 days per week, Monday, Tuesday, Wednesday, Thursday) circle three
- () Age 3 (3 days per week, Tuesday, Wednesday & Thursday)
- () Age 3* (4 days per week, Monday, Tuesday, Wednesday, Thursday)
- () Age 4 (4 days per week, Monday, Tuesday, Wednesday, Thursday)

*The 4 day 3 year class is for older 3s. The child must turn 4 before March 1, 2011.

All children in 3 and 4-year classes must be toilet trained.

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Education _____ Education _____

Employer _____ Employer _____

Bus. Phone _____ Bus. Phone _____

Religious Preference _____ Religious Preference _____

Local Church Affiliation _____ Local Church Affiliation _____

Child lives with (circle one) both parents, mother only, father only, other (explain)

Brothers and Sisters _____ Date of Birth _____

_____ Date of Birth _____

Are you aware of any physical or social handicaps? _____

Does child attend Sunday School? _____

If attended Preschool previously, where _____
when _____

Pediatrician's name _____ phone _____

Neighbor or friend to call in case of emergency (give two):

1. Name _____ phone _____

2. Name _____ phone _____

II. DEVELOPMENTAL INFORMATION

(A) Delivery

Normal _____ Premature _____ Adopted _____

Weight at birth _____ Condition at birth _____

Complication during delivery or in first weeks _____

Explain _____

(B) Feeding patterns and Habits

Has he/she any food allergies? _____ What food(s) _____

Does he/she drink a lot of liquids? _____

Does he/she feed himself? _____

(C) Toilet Training (if age appropriate)

Is he/she toilet trained? _____ Can he/she take care of himself? _____

Does he/she have lapses in keeping dry? _____ When? _____

(D) Language (if age appropriate)

Does he/she have speech difficulty? _____

Explain _____

Does he/she have hearing difficulty? _____

Explain _____

III INCIDENTAL INFORMATION

(A) Does he/she have environmental allergies (stings, pine straw, etc.)?

_____ How does reaction manifest itself and how is it treated?

(B) Has he/she been hospitalized? _____ If so, what was the reason, how old was he/she? _____ How does he/she feel about doctors and hospitals and illness now?

(C) What specific or general fears does this child have at present? What fears has he/she had at earlier times?

- (D) What do you feel are the most difficult emotional adjustments your child has had to make so far?
- (E) Behavior habits (biting nails, sucking fingers, tantrums, kicking, etc.).
- (F) Discipline methods used at home.

A \$90 registration fee is due with this application.

I understand that the registration fee paid with this application is nonrefundable.

Date _____ Parents Signature _____

SANDY PLAINS BAPTIST PRESCHOOL

EMERGENCY AGREEMENT

2010-2011 SCHOOL YEAR

I agree that in all emergencies the preschool staff must take such reasonable actions which are, in the judgment of the staff, necessary for the welfare and safety of my child. In the event of a medical emergency when a parent cannot be contacted by the preschool staff and when in the judgment of the preschool staff medical attention is needed then I authorize the preschool staff to transport my child,

_____ to an appropriate medical
(Child's name)
facility and I authorize that medical facility to render necessary medical treatment to my child at my expense.

Date

Signature of Parent or Guardian