

Rehobeth Preschool Registration Form

2020-2021

Send completed form to: Rehobeth Preschool 4475 Rehobeth Church Road Greensboro, NC 27406

Name of Child: _____ Birthdate: _____ Male ___ Female ___

Address: _____
Street City Zip

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Primary Email Address for Preschool Communications: _____

Physician: _____ Phone: _____ 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: (Place in order to be contacted)

1. _____ Home ph.#: _____ Cell ph.#: _____

2. _____ Home ph.#: _____ Cell ph.#: _____

Persons authorized to pick up your child besides parents/guardians:

1. _____ Home ph.#: _____ Cell ph.#: _____

2. _____ Home ph.#: _____ Cell ph.#: _____

Please indicate desired class: Please indicate number of desired days and times (indicate 1st and 2nd choice)

_____ 2-year class _____ 2 days 9am-12pm \$160/month
(Tuesday/Thursday)

_____ 3-year class _____ 3 days 9am-12pm \$195/month _____ 9am-1pm \$225/month
(Mon./Wed./Fri.)

_____ 4-year class _____ 3 days 9am-12pm \$195/month _____ 9am-1pm \$225/month
(3/4/5 days) _____ 4 days 9am-12pm \$225/month _____ 9am-1pm \$285/month
_____ 5 days 9am-12pm \$270/month _____ 9am-1pm \$315/month

LUNCH BUNCH DROP-IN \$5.00/DAILY

Non-Refundable Registration fee: New or returning student: \$85

2nd child in family: \$55

2nd child in the family receives 10% discount off the lowest tuition price.

Please return this form with registration fee to enroll your child in our program.

Checks should be made to Rehobeth Preschool.

Monthly tuition is due 1st of the month.

A \$10 late fee will be added for payments received on/after the 15th of the month.

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

Two weeks' notice is required for withdrawal.

MEDICAL RELEASE FORM 2020-2021

REHOBETH UMC PRESCHOOL

We, the parents of _____ do hereby relieve Rehobeth UMC and all the employees of Rehobeth UMC 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 Rehobeth UMC Preschool. Be it further agreed that said parents give permission to any and all employees in charge on that day that said student is in attendance, permission to grant any and all emergency personnel the right to treat said child for any accident or illness in the event that said 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 physician. Said 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 child's personality traits with us.

Does your child experience pronounced difficulty in any area? (examples: separation anxiety, medical problems (including physical disabilities), difficulties getting along with peers, etc.)

Please share with us anything else that you would like to share with us about your child, or expectations that you may have regarding your child's experience at Rehobeth UMC Preschool.

(PLEASE WRITE IN ANY ADDITIONAL EMERGENCY CONTACTS/ PICK-UP AUTHORIZATIONS BELOW)

Office Use Only Date Sent: _____ Reg Fee: _____ Conf. Letter: _____ Month advance: _____