

# His House

## Preschool & Learning Center



## 2011 SUMMER PRESCHOOL PROGRAM

The **HIS HOUSE PRESCHOOL SUMMER PROGRAM** will be filled with fun and creative learning experience for children from birth to 6 years old. The program will be held this summer on Tuesdays, Wednesday and Thursdays for 8 weeks divided into two 4 week sessions. You may choose between a one, two, or three day program.

### DAYS AND TIMES:

|                      |  |
|----------------------|--|
| One Day Program:     | Wednesday                                      |
| Two Day Program:     | Tuesdays and Thursdays                         |
| Three Day Program:   | Tuesdays, Wednesdays, and Thursdays            |
| Program Duration:    | 8 weeks (two 4 week sessions)                  |
| Session One:         | June 14 <sup>th</sup> – July 7 <sup>th</sup>   |
| Session Two:         | July 12 <sup>th</sup> – August 4 <sup>th</sup> |
| Daily Drop Off Time: | 7:50 – 8:00 am                                 |
| Daily Pickup Time:   | 1:50 – 2:00 pm                                 |

### TUITION PAYMENT PLAN:

|                    | <u>Session One</u> | <u>Session Two</u> |
|--------------------|--------------------|--------------------|
| One Day Program:   | \$90               | \$90               |
| Two Day Program:   | \$180              | \$180              |
| Three Day Program: | \$270              | \$270              |
| Due Date:          | June 1             | July 1             |

A nonrefundable **\$35 registration fee** is due at enrollment

### REGISTRATION FORMS:

Complete the registration pages and return them with your child's registration fee to the His House office. Space will be on a first come first serve basis.

- |   |   |
|---|---|
| <input type="checkbox"/> Registration Forms (all pages) | <input type="checkbox"/> Registration Fee         |
| <input type="checkbox"/> Immunizations (copy)           | <input type="checkbox"/> Birth Certificate (copy) |

### CHILDREN ARE TO BRING EACH DAY:

1. A backpack with complete change of clothes (All items must be labeled with child's name)
2. Lunch that includes a protein, bread, vegetable, fruit and dairy product. Do not send candy or sweets.
3. A sheet and light blanket for rest time.
4. Sunscreen (First day only. Used throughout the summer program)

# His House Preschool & Learning Center



## Preschool Office Use Only

Application Date: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Amount Pd: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Class: \_\_\_\_\_  
Days: \_\_\_\_\_

## 2011 SUMMER PROGRAM REGISTRATION

Child's Legal Name: \_\_\_\_\_

Child Goes By: \_\_\_\_\_ Male ( ) Female ( ) Date of Birth: \_\_\_\_\_

### CIRCLE REQUESTED DAYS:

*One Day - Wednesday*

*Two Day - Tuesday/Thursday*

*Three Day - Tuesday/Wednesday/Thursday*

### CIRCLE REQUESTED SESSION(S):

*Session One - June 14-July 7*

*Session Two - July 12-August 4*

*Sessions One and Two - June 14-August 4*

### FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

Marital Status of Parents: ( ) Married ( ) Separated ( ) Divorced ( ) Widowed/Widower

If divorced, person having legal custody of child: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Mother's Work hours: \_\_\_\_\_ Mother's Work Phone #: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Father's Work hours: \_\_\_\_\_ Father's Work Phone #: \_\_\_\_\_

### MEDICAL INFORMATION

Any medical conditions we should be aware of? \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have food, outside, inside or animal allergies? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Allergy Treatment, if any: \_\_\_\_\_

Is Epi-pen required? \_\_\_\_\_ (If yes, please attach Allergy Action Plan)

List all medications your child takes \_\_\_\_\_

Is your child toilet trained? ( ) Yes ( ) No What words are used for toileting? \_\_\_\_\_

**Please check any that apply:**

|                          |                            |                          |                                  |
|--------------------------|----------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Asthma                     | <input type="checkbox"/> | German Measles                   |
| <input type="checkbox"/> | Bed Wetting                | <input type="checkbox"/> | Mumps                            |
| <input type="checkbox"/> | Biting                     | <input type="checkbox"/> | Polio                            |
| <input type="checkbox"/> | Chicken Pox                | <input type="checkbox"/> | Prolonged Illness                |
| <input type="checkbox"/> | Chicken Pox Vaccine        | <input type="checkbox"/> | Rubella                          |
| <input type="checkbox"/> | Defective Heart            | <input type="checkbox"/> | Seizures                         |
| <input type="checkbox"/> | Diabetes                   | <input type="checkbox"/> | Surgeries                        |
| <input type="checkbox"/> | Fainting Spells            | <input type="checkbox"/> | Sunburn Sensitivity              |
| <input type="checkbox"/> | Frequent Colds             | <input type="checkbox"/> | Tested Positive for Tuberculosis |
| <input type="checkbox"/> | Frequent Ear Infections    | <input type="checkbox"/> | Whooping Cough                   |
| <input type="checkbox"/> | Frequent Throat Infections | <input type="checkbox"/> | Other:                           |

Has your child been tested for vision? ( ) Yes ( ) No If yes, when? \_\_\_\_\_

Results: \_\_\_\_\_

Other conditions or comments: \_\_\_\_\_

**EMERGENCY CONTACTS** (Other than parents)

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**AUTHORIZED PICK-UP PERSONS** (Other than parents)

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list anyone who is NOT allowed to pick up your child/children?**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**BIRTH CERTIFICATE AND IMMUNIZATION RECORD**

All children must have current immunizations and a legal birth certificate to register with His House. For new students to His House, please attach a copy of your **child's birth certificate** and **current immunization record** to this registration form. A child's enrollment may be suspended if the required documents have not been turned into the His House office within two weeks of registration.

# His House Preschool Summer Program

## PARENTAL AGREEMENT

1. I will provide a copy of my child's immunization records to His House Preschool within two weeks of enrollment. Parent Initials: \_\_\_\_\_
2. Tuition Payments are due for Session 1 by June 1 and for Session 2 by July 1. A \$15 fee will apply for payments exceeding the 10<sup>th</sup>. Returned check fee is \$25. Parent Initials: \_\_\_\_\_
3. Drop off time is 7:50 to 8:00 am. Pick-up time is 1:50 to 2:00 p.m. A late fee of \$1.00 per minute may be assessed beyond 2:00 pm. Parent Initials: \_\_\_\_\_
4. I give permission for my child, to be photographed in activities related to His House. I understand that these photographs are for the purposes of documenting my child's progress and/or promotional materials. Parent Initials: \_\_\_\_\_
5. I understand that discipline at His House will consist of positive reinforcement, redirection, and time out procedures. Parents of a child demonstrating significant behavior difficulties may be requested to attend a parent teacher conference. Parent Initials: \_\_\_\_\_
6. His House is a Peanut/Nut Product FREE environment. No food, play items, etc. are to be brought into the building containing Nuts or nut products. Parent Initials: \_\_\_\_\_
7. I give my consent for His House Learning Center & Preschool staff to apply sunscreen to my child as needed. Parent Initials: \_\_\_\_\_
8. His House retains the right to dismiss any student at any time. Parent Initials: \_\_\_\_\_
9. I understand that I may request a conference with the Director or my child's teacher at any time or as needed. Parent Initials: \_\_\_\_\_
10. I do hereby request and give consent to the Director of His House Preschool at Rogers First Church of the Nazarene or a duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. I also authorize any necessary transportation for such care, whether by emergency vehicle or by private vehicle. Parent Initials: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

# His House Preschool Summer Program

## STUDENT PROFILE

**CHILD'S NAME:** \_\_\_\_\_

My child likes to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Father's Work Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

My child really likes: \_\_\_\_\_

My child doesn't like: \_\_\_\_\_

### EMERGENCY CONTACTS (Other than parents)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### AUTHORIZED PICK-UP PERSONS (Other than parents)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### MEDICAL INFORMATION

Medical conditions we should be aware of? \_\_\_\_\_

My child has the following allergies? \_\_\_\_\_

What is the prescribed treatment, if any? \_\_\_\_\_

Medications my child takes \_\_\_\_\_