

# His House

## Preschool & Learning Center



## 2020-2021 School Year Program Registration Packet

WELCOME TO HIS HOUSE PRESCHOOL! We are excited about sharing a new school year with you and your child. Our entire staff is committed to your child's spiritual, physical, intellectual, emotional and social development in a Christ-centered environment of love, care, learning, safety and acceptance.

**STUDENT REGISTRATION:** Complete the attached forms and return them to the His House Preschool Office along with the following requested items:

- Registration Forms & Fees
- Immunizations (*copy- dated 2020*)
- Birth Certificate (*copy-new students*)

**EARLY REGISTRATION** for current students is due by February 21 to reserve your child's placement. After this time registration will be open to the public and your child's spot will not be secure.

2020-2021 TUITION w/ August Pro-rate (*Due by the 5<sup>th</sup> of each month*):

		<u>M-F</u>	<u>M/W/F</u>	<u>T/TH</u>
Infants / Toddlers	Standard Day	\$640 ( <i>Aug \$320</i> )	\$385 ( <i>Aug \$195</i> )	\$280 ( <i>Aug \$140</i> )
Infants / Toddlers	Extended Care	\$880 ( <i>Aug \$440</i> )	\$555 ( <i>Aug \$280</i> )	\$410 ( <i>Aug \$205</i> )
Preschool	Standard Day	\$600 ( <i>Aug \$300</i> )	\$355 ( <i>Aug \$180</i> )	\$260 ( <i>Aug \$130</i> )
Preschool	Extended Care	\$845 ( <i>Aug \$425</i> )	\$530 ( <i>Aug \$265</i> )	\$385 ( <i>Aug \$195</i> )

**REGISTRATION/CURRICULUM FEE** (*non-refundable*):

Current Students:	\$100
New Registration:	\$200

**WAITING LIST FEE** (*non-refundable deposit applied to Registration/Curriculum Fee*): \$50

**SUPPLY FEE** (*due by August 30 in lieu of purchasing school supplies and snacks*): \$100

**HIS HOUSE MEET-THE-TEACHER & ORIENTATION:** Parents and Students are invited to attend our orientation and meet-the-teacher on Sunday, August 17<sup>th</sup>. Meet-the-Teacher for MWF students is from 2:00-2:45pm and for T/Th students from 3:15-4:15pm. There will be a Parent Orientation for new families or any current families who would like a refresher of His House policies and procedures at 2:50pm in the sanctuary.

**FIRST DAY OF CLASSES:** Mon. August 18<sup>th</sup>    Tues. August 19<sup>th</sup>    (*Depending on your schedule*)

<b>STANDARD DAY:</b>	8:00 am to 2:00 pm	Drop off 7:50-8:00am	Pickup 1:45-2:00pm
<b>EXTENDED CARE:</b>	7:00 am to 4:00 pm	Drop off 7:00-7:45am	Pickup 4:00-4:15pm

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Preschool Office Use Only
Application Date: _____
Enrollment Date: _____
Amount Pd: _____
Check #: _____
Start Date: _____
Class: _____
Days: _____
Hrs: _____

## 2020-2021 STUDENT REGISTRATION

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

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

Circle requested days:

*Monday – Friday*

*Tuesday / Thursday*

*Monday/Wednesday/Friday*

Circle requested times:

*8:00 am – 2:00 pm = Standard Day*

*7:00 am – 4:15 pm = Extended Care*

### 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

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: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

List anyone who is NOT allowed to pick up your child/children?

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

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

### 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.