

His House Preschool & Learning Center



2021 SUMMER PRESCHOOL PROGRAM

The HIS HOUSE PRESCHOOL SUMMER PROGRAM will be filled with fun and creative learning experiences for children from birth through completion of fifth grade. The program will be held this summer on Tuesdays, Wednesdays, and Thursdays for 8 weeks divided into two 4 week sessions. You may choose between a one, two, or three day program.

STUDENT REGISTRATION: Complete the registration pages and return them to the His House Preschool Office along with the following requested items:

- Registration Forms & Fees
- Immunizations (*copy- dated 2021*)
- Birth Certificate (*copy- new students*)

DAYS AND TIMES:

Two Day Program:	Tuesday and Thursday
Three Day Program:	Tuesday, Wednesday, and Thursday
Program Duration:	8 weeks (two 4 week sessions)
Session One:	June 1 st – June 24 th
Session Two:	July 6 th – July 29 th
Daily Drop Off Time:	8:50 – 9:00 am
Daily Pickup Time:	2:50 – 3:00 pm

TUITION PAYMENT PLAN:

	<u>Session One</u>	<u>Session Two</u>
Two Day Program:	\$280	\$280
Three Day Program:	\$400	\$400
Due Date:	June 1	July 6

REGISTRATION FEE (*non-refundable*):

One Summer Session Only	\$30
Both Summer Sessions	\$50

His House Preschool ◆ 4911 West Pleasant Grove Road ◆ Rogers, AR 72758
479-636-7165 ◆ hishouse@rogersfirst.com ◆ Fax: 479-631-6469

His House Preschool & Learning Center



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

2021 SUMMER PROGRAM REGISTRATION

Child's Legal Name: _____

Child Goes By: _____ Male () Female () Date of Birth: _____

Circle requested days:

Two Day – Tuesday/Thursday

Three Day – Tuesday/Wednesday/Thursday

Circle requested sessions:

Session Two – July 7th – July 30th

Sessions One and Two

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.

His House Preschool 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 on June 6th and/or July 1st . I understand that a \$15 fee will apply for payments exceeding the 10th. Returned check fee is \$25. Parent Initials: _____
3. Drop-off time is 8:50 to 9:00 am and Pick-up time is 2:50 to 3:00 p.m. A late fee of \$1.00 per minute may be assessed for pick-up times beyond 3:00pm. Parent Initials: _____
4. I give permission for my child, to be photographed or videotaped in activities related to His House. I understand that these photographs and/or videos are for the purposes of documenting my child's progress and/or promotional materials. Parent Initials: _____
5. I give permission for my child's photographs and/or videos to be shared on His House social media sites (Facebook) and the His House Website. Parent Initials: _____
6. I understand that discipline at His House will consist of positive reinforcement, redirection, and time out procedures. Parent Initials: _____
7. 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. Due to Health Department rules homemade treats are NOT permitted. Parent Initials: _____
8. I give my consent for His House Learning Center & Preschool staff to apply sunscreen to my child as needed. Parent Initials: _____
9. All medications require written instructions and parental authorization on a His House medication form. All prescription medications must be in the original container with the prescription label attached. Parent Initials: _____
10. His House retains the right to dismiss any student at any time. I understand that I may request a conference with the Director or my child's teacher at any time. Parent Initials: _____
11. 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: _____

Parents Name Printed: _____

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: _____

Names and Ages of Siblings: _____

My child really likes: _____

My child doesn't like: _____

Child is toilet trained? () Yes () No Words used for toileting? _____

What comforts your child if they are hurt or upset? _____

Does your child nap? () Yes () No Special Nap routines? _____

What language do you speak at home? _____ Do you need a translator? () Yes () No

Special feeding or nutrition information instructions:

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? _____

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

If yes, explain: _____

Allergy Treatment, if any: _____ Epi-Pen () Yes () No

Medications my child takes: _____