



# Caldwell Preschool

## 2018-2019

Class Registration: (please check)

New Child: \_\_\_\_ Re-Enrolling Child: \_\_\_\_ (Re-Enrolling due by January 22 to secure spot)

**Tots Class:** T/Th (\$265) \_\_\_\_ MWF (\$325) \_\_\_\_ M-F (\$460) \_\_\_\_

**2's Classes:** MWF (\$325) \_\_\_\_ TWTh (\$325) \_\_\_\_ T/Th (\$265) \_\_\_\_ M-F (\$435) \_\_\_\_

**3's Classes:** MWF (\$325) \_\_\_\_ TWTh (\$325) \_\_\_\_ M-F (\$415) \_\_\_\_

**4's Classes:** M-F (\$405) \_\_\_\_

**TK Class:** M-F (\$415) \_\_\_\_

Please register your child for the appropriate class based on your child's age as of August 31, 2018

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Most often called: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (Preferred Contact Number): \_\_\_\_\_

Text # (Preferred Text Number): \_\_\_\_\_

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

### Family Information:

Father's Name \_\_\_\_\_

Phone (Preferred Contact Number): \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone (Preferred Contact Number): \_\_\_\_\_

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

E-Mail \_\_\_\_\_

Siblings/Ages/Schools they attend:

\_\_\_\_\_

\_\_\_\_\_

# Caldwell Preschool

## Parent Contract

**Name of Child:** \_\_\_\_\_ **Class for 2018-2019:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

1. It is understood and agreed by us that the employees of Caldwell Preschool are hereby released from any claims or financial responsibility arising out of any injury that may occur in connection with the operation of the school, or from any illness that may be contracted by the child during the period of their enrollment.

2. Monthly tuition payments are payable by **bank draft only** and will be drafted on the 15<sup>th</sup> of each month. September's tuition will be drafted May 15, 2018 and is non-refundable. October – May tuition is refundable only if the Director of the Preschool is notified in writing at least four weeks in advance of the withdrawal date.

3. Each family will receive a statement on the 17<sup>th</sup> of the month if they have a balance due. Enrichment Programs and Early Morning Program fees are due by check or cash on or before the 25<sup>th</sup> of the month. Fees not received by the 25<sup>th</sup> of the month or drafts returned for non-sufficient funds will be assessed a \$35.00 late/NSF fee. This fee is automatically added to the family balance. Please call the Director if you are having financial difficulties and the school will try to work with you.

4. Checks should be made payable to Caldwell Preschool and mailed to: 369 Air Harbor Road, Greensboro, NC 27455, or may be put in the box marked "Preschool Tuition" in the Preschool Information Center or in the Preschool Office.

5. Hours of Operation: 9:00 a.m.-1:00 p.m.

6. Registration Fee: \_\_\_\_\$100 for one child \_\_\_\_\$75 for second child \_\_\_\_ \$50 for an additional child

The registration fee is non-refundable.

Class	Days	Monthly Tuition	List 1st & 2nd choice
Tots 15 mos. (and walking) to 23 mos.	Tuesday/Thursday	\$265	
	Monday/Wednesday/Friday	\$325	
	Monday-Friday	\$460	
2 Year Old	Tuesday/Thursday	\$265	
2 Year Old	Tuesday/Wednesday/Thursday	\$325	
2 Year Old	Monday/Wednesday/Friday	\$325	
2 Year Old	Monday – Friday	\$435	
3 Year Old	Monday/Wednesday/Friday	\$325	
3 Year Old	Tuesday/Wednesday/Thursday	\$325	
3 Year Old	Monday-Friday	\$415	
4 Year Old	Monday-Friday	\$405	
T-K	Monday-Friday	\$415	

**Date:** \_\_\_\_\_

**BOTH Parents Signatures:** \_\_\_\_\_



**Child's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Siblings/Ages/Schools they attend:

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Child's Interests:

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Has your child ever been in a school setting? (ex. Sunday School, Little Gym, etc.)

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After School Activities:

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Your child associates with:

\_\_\_\_\_ Adults    \_\_\_\_\_ Younger Children    \_\_\_\_\_ Older Children    \_\_\_\_\_ Own Age

Situations that cause your child the greatest difficulty:

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Is there any significant situation(s) or experience(s) that the preschool teacher should be aware of at this time?

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What are your goals for your child's preschool experience this year?

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Is your child receiving services through Guilford County Schools or a private organization such as speech or occupational therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Authorization

Child's Name and Class \_\_\_\_\_

Valid from September 2018-2019

### Activity Authorization Permission to Play Outside Fenced Area:

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ give my permission to Caldwell Academy Preschool for my child to participate in the following activities:

1. Trips around the Church property (Tots in the bye-bye buggy)
2. Trips to and from the big playground, nature walks and other activities outside the fenced playground but remaining on the grounds of Calvary Christian Center.
3. Trips upstairs in the Calvary Christian Center building.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photography Permission:

Caldwell Academy Preschool request permission to photograph children involved in our program for various projects. Occasionally, local newspapers and/or television stations seek permission to photograph children involved at the Preschool. Teachers also photograph children involved in various activities to share with parents.

I grant permission for photographs of my child to be taken at Caldwell Preschool and possibly used in print (e.g. brochures, newspapers and/or Caldwell Academy's website).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Caldwell Preschool Discipline Policy:

Our discipline policy is age and developmentally appropriate:

Well supervised classes help create an environment in which positive reinforcement of children's actions lead to acceptable behavior. When behavior is unacceptable, then a child will be redirected to a new activity. We work with children and help them to "play well with others." If a child is harming themselves or others they will be removed immediately from the situation. Parents will be notified if the behavior persists.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Immunization Form:

Registration form must include child's most current immunization record.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Caldwell Preschool Permission Slip

I hereby give my permission for my child \_\_\_\_\_ to accompany his/her class on field trips. I hereby release, discharge, and hold harmless Caldwell Academy and expressly agree not to maintain any action against Caldwell Academy for any and all liabilities relating on any trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Children's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

## A. Medical History (May be completed by parent)

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, please explain

\_\_\_\_\_

2. Does child have any food or dietary restrictions: Yes \_\_\_ No \_\_\_ If yes, please explain

\_\_\_\_\_

2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_

\_\_\_\_\_

3. Is the child on any continuous medication No \_\_\_ Yes \_\_\_ If yes, what medication.

\_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what?

\_\_\_\_\_

5. Any history or other medical conditions or illness? No \_\_\_ Yes \_\_\_

If yes, please explain \_\_\_\_\_

6. Any medical disabilities: No \_\_\_ Yes \_\_\_ If yes, please describe:

\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

## **Monthly Tuition Draft Agreement for 2018-2019 School Year**

I (we) hereby authorize Caldwell Preschool to draft my (our) checking account for **monthly tuition ONLY** as follows:

Amount:        \$ \_\_\_\_\_ monthly tuition payment

When:            First draft is May 15, 2018 (for September's tuition), the next draft is scheduled for September 15, 2018 (for October's tuition), etc.

### **IMPORTANT- Please Check one of the following:**

**New Account: Please staple a voided check to this draft agreement page.**

**Existing Account: Please use same bank account (future drafts from same account used in the past).**

I (we) understand that:

1. If sufficient funds are not available to cover the draft, the normal late/NSF fees (\$35) as stated in the Caldwell Preschool policy will apply.
2. Should I (we) change banks, a new draft authorization must be completed and signed no later than thirty (30) days before the new account is to be drafted.
3. Should I (we) wish to pay the entire tuition balance due anytime after monthly drafting has commenced, written notice must be given no later than thirty (30) days prior to the next scheduled draft.
4. This draft agreement is solely between the undersigned account holder and Caldwell Preschool and, therefore, can only be revoked or changed through Caldwell Preschool and not through communication with my (our) bank or Caldwell Preschool's bank.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If joint account:

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_