

Welcome to Preschool!

Clover Presbyterian Preschool

2018-2019 Registration Form

General Information	
Child's First, Middle, and Last Name:	
Address:	
City/State/Zip:	
Preferred Name:	Gender: Male Female
Date of Birth:	Age on September 1, 2018:
E-mail Address:	
Home Phone: ()	Cell Phone Mother's: () Numbers: Father's: ()
Mother's Name:	Father's Name:
Mother's Place of Employment:	Father's Place of Employment:
Mother's Work Phone Number: ()	Father's Work Phone Number: ()
Names & Ages of Siblings Living in the Home:	
Emergency Contact (other than parent):	
Emergency Contact Phone Number: ()	
Church that you attend (if any):	
Child's previous preschool experience:	
What experiences do you expect your child to gain from the CPP program?	
Class Choice: <input type="checkbox"/> Two Day Toddler/Young Two Class (Mon, Wed) 8:30 – 12:30 pm \$180.00 <input type="checkbox"/> Three Day Older Two-Year-Old Class (Tue, Th, Fri) 8:30 – 12:30 pm \$210.00 <input type="checkbox"/> Two Day 3-Year-Old Class (Mon, Wed) 8:30 am – 12:30 pm \$180.00 <input type="checkbox"/> Three Day 3-Year-Old Class (Tue, Th, Fri) 8:30 am – 12:30 pm \$210.00 <input type="checkbox"/> Four Day 3-Year-Old Class (Mon-Th) 8:30 am – 12:30 pm \$240.00 <input type="checkbox"/> Five Day 3-Year-Old Class (Mon-Fri) 8:30 am – 12:30 pm \$270.00 <input type="checkbox"/> Three Day 4-Year-Old Class (Tue, Th, Fri) 8:30 am – 12:30 pm \$210.00 <input type="checkbox"/> Four Day 4-Year-Old Class (Mon-Th) 8:30 am – 12:30 pm \$240.00 <input type="checkbox"/> Five Day 4-Year-Old Class (Mon-Fri) 8:30 am – 12:30 pm \$270.00	

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2018-2019 Registration Form, page 2

Child's Health Record																	
Food Allergies: Does your child need an epinephrine pen? If yes, please provide pen and completed Food Action Plan. Yes _____ No _____	Other Allergies:																
Please circle any recurring problems your child may have: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td style="padding: 2px;">Asthma</td> <td style="padding: 2px;">Heart Trouble</td> </tr> <tr> <td style="padding: 2px;">Bronchitis</td> <td style="padding: 2px;">Ear Infections</td> </tr> <tr> <td style="padding: 2px;">Croup</td> <td style="padding: 2px;">Strep Throat</td> </tr> <tr> <td style="padding: 2px;">Other:</td> <td></td> </tr> </table>	Asthma	Heart Trouble	Bronchitis	Ear Infections	Croup	Strep Throat	Other:		Please circle any illnesses your child has had: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td style="padding: 2px;">Chicken Pox</td> <td style="padding: 2px;">Measles</td> </tr> <tr> <td style="padding: 2px;">Scarlet Fever</td> <td style="padding: 2px;">Mumps</td> </tr> <tr> <td style="padding: 2px;">Red Measles</td> <td></td> </tr> <tr> <td style="padding: 2px;">Rheumatic Fever</td> <td></td> </tr> </table>	Chicken Pox	Measles	Scarlet Fever	Mumps	Red Measles		Rheumatic Fever	
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When your child was potty trained?	Does your child have any fears?																
Does your child have any other problems or medical situations we need to be aware of?	What do you do at home to comfort your child?																
Does your child currently attend any therapies (i.e. speech, occupational, etc.)? Please specify.																	
Name & Phone Number of Child's Doctor:																	
I have attached a copy of my child's immunization record: _____ Yes , current record is attached or _____ No , one will be provided before the beginning of school year. (must be received by August 25, 2018)																	
I agree to pay the non-refundable registration fee of \$125.00 (\$75.00 for each additional sibling). This reserves my child a place in the appropriate age class for the 2018/2019 school year. If I wish to forfeit my place, I will contact the Preschool as soon as possible. Clover Presbyterian Preschool reserves the right to adjust a class due to enrollment numbers.																	
I agree to pay the non-refundable first payment by August 1, 2018 . Payment #2 – 10 will be due by the 10 th of each month (September – May)																	
Parent/Guardian Signature:	Date:																

For office use only:

Registration in the amount of \$ _____ was paid on _____.
 Payment # 1 in the amount of \$ _____ was paid on _____.