

Welcome to Preschool!

Clover Presbyterian Preschool

2022-2023 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, 2022: |
| 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 or Two Class (Mon, Wed) 8:30 – 12:30 pm \$220.00. <input type="checkbox"/> Three Day Two-Year-Old Class (Tue, Th, Fri) 8:30 – 12:30 pm \$250.00 <input type="checkbox"/> Two Day 3-Year-Old Class (Mon, Wed) 8:30 am – 12:30 pm \$220.00. <input type="checkbox"/> Three Day 3-Year-Old Class (Tue, Th, Fri) 8:30 am – 12:30 pm \$250.00 <input type="checkbox"/> Four Day 3-Year-Old Class (Tues-Fri) 8:30 am – 12:30 pm \$300.00 <input type="checkbox"/> Five Day 3-Year-Old Class (Mon-Fri) 8:30 am – 12:30 pm \$325.00 <input type="checkbox"/> Three Day 4-Year-Old Class (Tue, Th, Fri) 8:30 am – 12:30 pm \$250.00 <input type="checkbox"/> Four Day 4-Year-Old Class (Tue-Fri) 8:30 am – 12:30 pm \$300.00 <input type="checkbox"/> Five Day 4-Year-Old Class (Mon-Fri) 8:30 am – 12:30 pm \$325.00 | |

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| 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>Asthma</td> <td>Heart Trouble</td> </tr> <tr> <td>Bronchitis</td> <td>Ear Infections</td> </tr> <tr> <td>Croup</td> <td>Strep Throat</td> </tr> <tr> <td>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>Chicken Pox</td> <td>Measles</td> </tr> <tr> <td>Scarlet Fever</td> <td>Mumps</td> </tr> <tr> <td>Red Measles</td> <td></td> </tr> <tr> <td>Rheumatic Fever</td> <td></td> </tr> </table> | Chicken Pox | Measles | Scarlet Fever | Mumps | Red Measles | | Rheumatic Fever | |
| Asthma | Heart Trouble | | | | | | | | | | | | | | | | |
| Bronchitis | Ear Infections | | | | | | | | | | | | | | | | |
| Croup | Strep Throat | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | |
| Chicken Pox | Measles | | | | | | | | | | | | | | | | |
| Scarlet Fever | Mumps | | | | | | | | | | | | | | | | |
| Red Measles | | | | | | | | | | | | | | | | | |
| Rheumatic Fever | | | | | | | | | | | | | | | | | |
| 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 (speech, occupational, etc.)? Please specify. | | | | | | | | | | | | | | | | | |
| Name & Phone Number of Child's Doctor: | | | | | | | | | | | | | | | | | |
| I have attached a copy of my child's immunization record: <input type="checkbox"/> Yes , current record is attached or <input type="checkbox"/> No , one will be provided before the beginning of school year. Immunization record must be received by August 1, 2021. | | | | | | | | | | | | | | | | | |
| I agree to pay the non-refundable registration fee of \$140.00 (\$90.00) for each additional sibling). This reserves my child a place in the appropriate age class for the 2022/2023 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 July 8, 2022 . Payment #2 – 10 will be due by the 25 th of each month for the upcoming month. (August 25 due date for month #2; August – April) | | | | | | | | | | | | | | | | | |
| 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 _____.