



<b>Office use only:</b> Date enrolled: ___/___/___ Reg. Fee Paid: _____ Supply Fee Paid: _____ 1 <sup>st</sup> month Tuition: _____ Days Enrolled: _____ Class: _____ Fellowship 1: ___/___/___
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**2019-2020 Registration Form**

Student's Full Name: \_\_\_\_\_ Sex: M / F

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Age on Sept. 1 2019: \_\_\_ Potty trained? Yes No Working

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

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

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

Preferred weekly Household correspondence email? \_\_\_\_\_

Who does child reside with? \_\_\_\_\_

Other than parents listed, who is allowed to pick child up from school:

Name: \_\_\_\_\_ DrLc #: \_\_\_\_\_

Name: \_\_\_\_\_ DrLc#: \_\_\_\_\_

Name: \_\_\_\_\_ DrLc#: \_\_\_\_\_

**Emergency Contact Information:**

Emergency #1: \_\_\_\_\_ Ph#: \_\_\_\_\_

Emergency #2: \_\_\_\_\_ Ph#: \_\_\_\_\_

Physician: \_\_\_\_\_ Ph#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Ph#: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Ph#: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Medical Policy #: \_\_\_\_\_ Plan#: \_\_\_\_\_

Does your child have specific dietary restrictions, allergies, or other health concerns that require special attention? A written Allergy Plan must be provided by physician. \_\_\_\_\_

\_\_\_\_\_

List any medications that your child takes on a regular basis:

\_\_\_\_\_

Does your child require help in the bathroom? Y / N

Please explain: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

List any concerns that you have for your child in the areas of social, emotional, physical and language development: \_\_\_\_\_

\_\_\_\_\_

What expectations do you have of our program for your child?

\_\_\_\_\_

\_\_\_\_\_

Please list family's religious / church affiliation(s):

\_\_\_\_\_

I give permission for my child's picture to be printed and/or posted on the preschool/church website. No names will be listed. Please circle.

Yes / No

Please let us know what led you to Ridgeview Preschool:

- Our Website
- Signs/Driving by the Church
- Internet Search
- Referral

Who can we thank? \_\_\_\_\_

The 1<sup>st</sup> month's tuition (Sept) and Annual Registration/Insurance fee is due at the time of enrollment. Tuition is due one month in advance. The Supply Fee is due on September 1<sup>st</sup>. Tuition payments for the remaining 8 months are due September through April, beginning the 1<sup>st</sup> of each month. The 9<sup>th</sup> and final payment will be due in April with no payment due in May. **Tuition is late on the 10<sup>th</sup> and late fees applied on the 11<sup>th</sup> of the month.**

If you choose to withdrawal your child, we must be given **30 days (1 month) advance notice.** Annual registration and supply fees are not refundable. Tuition is refundable only if 30 days notice is given and we do not prorate monthly tuition refunds.

**I would like to register my child for:**

\_\_\_\_\_ 2 days a week:

\$130 Annual Reg. (Due at Enrollment)  
\$80 Supply Fee (Due Sept. 1st)  
\$180 Tuition (Enrollment & Monthly)

\_\_\_\_\_ 3 days a week:

\$165 Annual Reg. (Due at Enrollment)  
\$115 Supply Fee (Due Sept. 1st)  
\$265 Tuition (Enrollment & Monthly)

\_\_\_\_\_ 4 days a week:

\$195 Annual Reg. (Due at Enrollment)  
\$145 Supply Fee (Due Sept. 1st)  
\$345 Tuition (Enrollment & Monthly)

\_\_\_\_\_ 5 days a week:

\$225 Annual Reg. (Due at Enrollment)  
\$175 Supply Fee (Due Sept. 1st)  
\$425 Tuition (Enrollment & Monthly)

**Multi-child Discount**

15% discount applies to tuition only for 2<sup>nd</sup> & 3<sup>rd</sup> child in the same family

**Which days of the week do you prefer?**

\*Please select a 1<sup>st</sup> and 2<sup>nd</sup> choice preference. If a 2<sup>nd</sup> choice is NOT chosen, and 1<sup>st</sup> choice preference is filled your child will be placed on the waiting list until space becomes available.

\_\_\_\_\_ MWF (3 days)

\_\_\_\_\_ Tues/Thurs (2 days)

\_\_\_\_\_ Mon-Fri (5 days)

\_\_\_\_\_ Add a day M W F (Circle additional days) (Must currently be signed up for a min. of 2 days)

When selecting preschool days prekindergarten guidelines are reinforced daily, however our program curriculum is planned for MWF and TTH days. 3 days are recommended for students in our PreK classes.

**Which age group applies to your child?**

Class enrollment is based on the child's birth-date and age as of Sept. 1<sup>st</sup>. Notification of class assignment will be emailed in August before school begins.

\_\_\_\_\_ Loving Lambs (18 months - 2 years)

\_\_\_\_\_ Faithful Frogs (older 2½ - 3 years)

\_\_\_\_\_ Kind Kangaroos (3½ - 4 years (Must be Potty Trained)

\_\_\_\_\_ Gentle Giraffes PreK Class (4 - 5 years) (Must be Potty Trained)

\_\_\_\_\_ Joyful Jaguars PreK Class (4½ - 5 years) (Must be Potty Trained)

The first month tuition and registration/insurance fee must be paid either online or by check along with this registration form to reserve your child's space. However, if all preschool classes are full and we are unable to fulfill your request, you will be notified immediately. Updated immunization records, state registration form 2935 (signed by the doctor) and an allergy emergency plan if applicable, are due by the first day of class. Students without updated records will not be admitted or allowed to attend preschool due to the Texas Department of Family Services guidelines and regulations.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_