



116 South Loudoun Street

Winchester, Virginia 22601

*"Learning that starts in the heart"*

### Registration Form: 2017-2018

#### STUDENT INFORMATION

First Name	Middle Initial	Last Name	Name Used	Sex
Street Address		City	State	Zip Code

#### PARENT/GUARDIAN INFORMATION

Mother's Name	Home Phone	Cell Phone
Mother's Address, if different from child	E-mail address	
Mother's Employer	Business Phone	
Father's Name	Home Phone	Cell Phone
Father's Address, if different from child	E-mail address	
Father's Employer	Business Phone	

#### EMERGENCY INFORMATION

Medical condition, allergies or food intolerances, etc. (Write "NONE" if not applicable.) \_\_\_\_\_

Does your child take any regular medications? If yes, please list: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Emergency Contact (1) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Emergency Contact (2) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Information:**

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Insured's Name \_\_\_\_\_

Has your child been exposed to nut products? Yes \_\_\_ No \_\_\_ Has your child been stung by a bee? Yes \_\_\_ No \_\_\_

## RELEASE INFORMATION

Individuals authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_

Individuals **NOT** authorized to pick up your child. Please attach appropriate paperwork such as the divorce decree if a parent is not allowed to pick up a child (32-05-252/6) \_\_\_\_\_

## AGREEMENTS

The Weekday School agrees to notify the parents/guardian emergency contact whenever the child becomes ill, and the parents/guardian emergency contact agrees to pick the child up as soon as possible. The parents/guardians authorize the Weekday School to seek immediate medical care if an emergency occurs and the parents/guardian cannot be reached.

(Parent or Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Do you give permission to include your names, phone numbers and addresses in the parent directory? Yes \_\_\_ No \_\_\_

Do you give permission for your child to participate in field trips? Yes \_\_\_ No \_\_\_

Are you a member of First Presbyterian Church? Yes \_\_\_ No \_\_\_

Has your child ever attended preschool? \_\_\_\_\_. If "yes," give name/address of previous preschool: \_\_\_\_\_

Has anyone in the family previously attended FPWDS? \_\_\_\_\_. If "yes," give name & year of attendance: \_\_\_\_\_

**Nondiscriminatory Statement:** The school is open to all students ages 6 weeks to 5 years regardless of race, color, creed, gender, or nationality.

## CLASS OFFERINGS\* AND TUITION RATES

Child's Name Used: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**NOTE:** \*Class Offerings may be adjusted based upon enrollment. \*\*Please write "1" for first choice and "2" for second choice (if any).

Infants (6 weeks - 12 months)		M/W/F	\$227	Monthly		T/Th	\$155	Monthly
Toddlers (13-23 months)		M/W/F	\$227	Monthly		T/Th	\$155	Monthly
2 year olds (24-35 months)		M/W/F	\$227	Monthly		T/Th	\$155	Monthly
3 year olds (36-47 months)		M/W/F	\$206	Monthly		T/Th	\$140	Monthly
3 year olds (36-47 months)		M-F	\$335	Monthly				
4 year olds (48 months & older)		M/W/F	\$206	Monthly		M-Th	\$273	Monthly
4 year olds (48 months & older)		M-F	\$335	Monthly				
Pre K (MUST be 5 by Dec. 31)		M-F	\$340	Monthly				

**Commitment Fee:** (Non-refundable): \_\_\_\_\_ \$55 for Single Child or \_\_\_\_\_ \$80 for Family (due at time of registration)

**Tuition Deposit:** A non-refundable deposit of \$100 per child will be due on June 10, 2017, which will be applied toward September's Tuition. The remainder of September's Tuition will be due by August 10, 2017. For October through April, tuition will be due by the 10<sup>th</sup> of each month.

**Class Supply Fee:** \$25 per child (to be paid with October's tuition)

Check the box, if you would like to participate in ACH withdrawal

**Confidentiality Statement:** Information about any child in First Presbyterian Weekday School is confidential and will not be given to anyone except VA Dept. of Social Services' designees or other persons authorized by law unless the child's parent/guardian gives written permission. Information about a child in this program will be given to the local department of social service if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

## OFFICE USE ONLY

Registration fee received by: \_\_\_\_\_ Date/Time Registration received: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash Amount: \_\_\_\_\_