



2022-2023 School Year Registration

(Please print all information legibly)

Child's First & Last Name _____	Nickname? _____	Gender _____	Date of Birth (mm/dd/yy) _____
Complete Address _____		How did you hear about us? <input type="checkbox"/> church <input type="checkbox"/> friend <input type="checkbox"/> website <input type="checkbox"/> Feelings Rock. <input type="checkbox"/> Other _____	
Home church: _____			
Father's Name _____		Mother's Name _____	
Occupation _____		Occupation _____	
Employer _____		Employer _____	
Home Phone _____		Home Phone _____	
Cell Phone _____		Cell Phone _____	
Work Phone _____		Work Phone _____	
Email _____		Email _____	
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____			
Sibling's Name	Gender	Age	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain _____			
What is the main language spoken in the home? _____			
Previous group experiences (preschool, nursery school, Playschool, organized groups, play groups, etc.): _____			

CONTINUE ON REVERSE SIDE

Is your child currently receiving, or has your child ever received or been evaluated for special services (speech therapy, OT, PT, SEIT, etc.)?

Medical concerns or existing diagnoses:

Favorite Activities at Home:

Special interests (toys, books, animals, etc.):

What expectations do you have for your child this coming school year?

Toilet Training Policy:

"We strongly recommend that children be toilet trained before beginning classes. We understand accidents and will work with you on temporary regression. If, however, your child does not make significant progress and attain successful toilet training, they may not be ready to attend preschool, at which time parents, the teacher, and the program director will discuss the possibility of withdrawal."

Class Selection – Please enroll my child in:

- Two-Gether class ▪ 1-Day Wednesday Full annual tuition: \$495.00 (billed in 3 installments)
(Child attends with one caregiver; Must turn 2 before December 1, 2022)
- 3-year-old class ▪ 2-Day Tuesday/Thursday Monthly tuition: \$170.00 (9:15 am – 12:00 pm)
(Must turn 3 before December 1, 2022)
- 3-year-old class ▪ 3-Day Monday/Wednesday/Friday Monthly tuition: \$225.00 (9:15 am – 12:00 pm)
(Must turn 3 before December 1, 2022)
- 4-year-old class ▪ 3-Day Monday/Wednesday/Friday Monthly tuition: \$225.00 (9:15 am – 12:15 pm)
(Must turn 3 before December 1, 2022)
- 4-year-old class ▪ 5-Day Monday – Friday Monthly tuition: \$285.00 (9:15 am – 12:15 pm)
(Must turn 4 before December 1, 2022) **Will you be applying elsewhere for Universal Pre-K?** Yes No
- Transitional Kindergarten Class ▪ Monday – Friday Monthly tuition: \$285.00 (9:15 am – 12:15 pm)
(Must turn 5 before December 1, 2022) One-time materials fee: \$30.00

Payment Information: (Please make checks payable to Eastern Hills Preschool)

***A nonrefundable commitment fee of \$100.00 per family is due at registration (\$50.00 of fee will be applied toward October's tuition).**

***September's tuition payment is nonrefundable and is due in full by June 1, 2022.** Please understand that September's tuition is a good faith commitment between the school and your family. This ensures your child enrollment in the 2022-2023 program. This payment is nonrefundable. Thank you for understanding we will turn away countless others securing your child's spot.

Additional Information

***PLEASE NOTE ABILITY TO RUN ALL CLASSES WILL BE CONTINGENT ON FULL ENROLLMENT.**

***An immunization record is required along with first month's tuition.**

*** If your child has a medical condition (i.e., asthma, severe allergy, etc.), a Medical Action Plan from the pediatrician must be on file with us.**

I have read, understand, and agree to the above information and policies regarding registration of my child at Eastern Hills Preschool.

Yes NO

Signature of Parent/Guardian _____ Date _____

Registration fee: cash credit check # _____ Amount _____

Tuition Payment: cash credit check # _____ Amount _____

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