



2024-2025 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 3-year-old 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 (9:30 am – 11:00 am) Full annual tuition: \$500.00 (billed in 3 installments)
(Child attends with one caregiver; Must turn 2 before December 1, 2024)
- 3-year-old class ▪ 2-Day Tuesday/Thursday Monthly tuition: \$175.00 (9:15 am – 12:00 pm)
(Must turn 3 before December 1, 2024)
- 3-year-old class ▪ 3-Day Monday/Wednesday/Friday Monthly tuition: \$230.00 (9:15 am – 12:00 pm)
(Must turn 3 before December 1, 2024)
- 4-year-old class ▪ 3-Day Monday/Wednesday/Friday Monthly tuition: \$230.00 (9:15 am – 12:15 pm)
(Must turn 4 before December 1, 2024)
- 4-year-old class ▪ 5-Day Monday – Friday Monthly tuition: \$290.00 (9:15 am – 12:15 pm)
(Must turn 4 before December 1, 2024) Will you be applying elsewhere or for Universal Pre-K? Yes No
- Transitional Kindergarten Class ▪ Monday – Friday Monthly tuition: \$290.00 (9:15 am – 12:15 pm)
(Must turn 5 before December 31, 2024) 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 the fee will be applied toward October's tuition).**

***September's tuition payment is nonrefundable and is due in full by June 1, 2024.** Please understand that September's tuition is a good faith commitment between the school and your family. This ensures your child enrollment in the 2024-2025 program. This payment is nonrefundable. Thank you for understanding, we will turn away countless others securing your child's spot.

Additional Information

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

***An immunization record is required along with the 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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