



# TREE CITY PRESCHOOL

## Registration Form

P.O. Box 646

Kent, Ohio 44240

(330) 673-5879, ext. 16

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name to be used at school (if different): \_\_\_\_\_ Sex: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status of Parents: Married\_Separated\_Divorced\_Single\_Widowed\_Other\_

Other Members of the Household:	Relationship:	Age:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list anyone else involved in rearing your child and give relationship (nanny, babysitter, grandparent, etc.): \_\_\_\_\_

\_\_\_\_\_

Name **ALL** persons authorized to pick up your child from preschool: \_\_\_\_\_

\_\_\_\_\_

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History of development that might be helpful for us to know (premature birth, serious illnesses or accidents, physical difficulties, special fears, etc.): \_\_\_\_\_

\_\_\_\_\_

Describe your child's general health: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Explain any special difficulties such as speech, hearing, or any chronic physical problem that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Is there a language other than English spoken at home?\_What is it?\_\_\_\_\_

What kinds of group experiences has your child had?\_\_\_\_\_

Describe how your child interacts with other children:\_\_\_\_\_

Describe your child's favorite toys, activities, etc.:\_\_\_\_\_

How can our school best help your child?\_\_\_\_\_

\*All students attending Tree City Preschool **must** be toilet trained. My child is toilet trained: yes/no

Which program are you interested in?

3 Year-olds- Young 4s

Pre-kindergarten

Morning (9:00-11:15 AM) \_\_\_\_\_

Morning (9:00-11:15 AM) \_\_\_\_\_

Afternoon (12:15-2:30 PM) \_\_\_\_\_

Afternoon (12:15-2:30 PM) \_\_\_\_\_

Lunch Option \_\_\_\_\_

Lunch Option \_\_\_\_\_

All Day (9 AM-2:30 PM) \_\_\_\_\_

All Day (9 AM-2:30 PM) \_\_\_\_\_

Tuition Cost: Morning or Afternoon Session: \$160.00 per month / \$1,440.00 per year

Lunch Option: \$45.00 per month / \$405.00 per year

All Day: \$365.00 per month / \$3,285.00 per year

\*Full tuition is divided into nine equal payments of which the first payment is the **registration fee**. **The registration fee must accompany this registration form for registration to be completed. The registration fee is \$160 and goes towards the May tuition.** This fee is **nonrefundable**. The remaining eight payments are due on the first day school is in session each month beginning in September and ending in April. If the registration fee paid is less than tuition for the month, you will owe the difference. (For example, if your child attends all day or lunch bunch) Please sign below to indicate that you understand these conditions:

Signature\_\_\_\_\_ Date\_\_\_\_\_

A class contact list consisting of only parent names will be prepared for class members' families (upon request) at the beginning of the year. This contact list will be made available only to the members of Tree City Preschool. For this to be made available, you need to sign and date the following permission:

I **do** **do not** give permission for parent names and phone numbers to appear on the class contact list that will be available to other class members on request.

Signature\_\_\_\_\_ Date\_\_\_\_\_

I **do** **do not** give permission for my child to go on supervised walks on church property throughout the school year.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Date Admitted:\_\_\_\_\_ Payment:\_\_\_\_\_ Class:\_\_\_\_\_