



TREE CITY PRESCHOOL

Registration Form

P.O. Box 646

Kent, Ohio 44240

(330) 673-5879, ext. 116

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

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:_____