

Date \_\_\_\_\_



## 2010 – 2011 REGISTRATION INFORMATION

### Student Information

_____		_____		M	F
Child's First Name		Child's Last Name		Gender	
_____		_____			
Date of Birth		Age as of Sept. 1			
_____		_____			
Address		City, State, ZIP Code			
_____		_____			
Mother's Name		Father's Name			
_____		_____			
( ) _____	( ) _____	( ) _____	( ) _____		
Home Phone	Cell or Work Phone	Home Phone	Cell or Work Phone		
_____		_____			
E-mail		E-mail			
_____		_____			
Occupation		Occupation			
_____		_____			
Siblings living at home:					
Name _____		Age _____		Name _____ Age _____	
Name _____		Age _____		Name _____ Age _____	
_____		_____		_____	
Are you a member of St. Aidan's Episcopal Church?		Yes		No	

### Alternative Emergency Contacts

_____		_____		_____	
Primary Emergency Contact		Secondary Emergency Contact			
_____		_____		_____	
( ) _____	( ) _____	( ) _____	( ) _____		
Home Phone	Cell or Work Phone	Home Phone	Cell or Work Phone		

### Other Adults Authorized to Pick Up Child(ren)

_____		_____		( ) _____
Name		Relationship		Phone
_____		_____		( ) _____
Name		Relationship		Phone

## Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize St. Aidan's Preschool & Mother's Morning Out to transport my child to the hospital and to secure for my child the necessary treatment. I understand the teachers are trained in the basics of first aid and I authorize them to give my child first aid and CPR when appropriate.

Parent's/Guardian's Signature

Date

## Developmental History and Background Information

Does your child have any special needs?

Special physical conditions, disabilities:

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Allergies (I.e. asthma, insect bites, medicine or food reactions):

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Regular Medications:

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Is your child potty-trained?    Yes    No

How does your child indicate his/her bathroom needs?

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Is there anything else you would like us to know about your child?

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## Class Preference

Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice where applicable:

### Mother's Morning Out (18-24 Months)

9:00 – 12:00noon

_____	2 Days Monday/Wednesday	\$150 per month
_____	2 Days Tuesday/Thursday	\$150 per month

### 2 Year-Old Class

9:00 – 1:00pm

_____	2 Days Monday/Wednesday	\$185 per month
_____	3 Days Tuesday/Wednesday/Thursday	\$215 per month

### 3 Year-Old Class

9:00 – 1:00pm

_____	2 Days Tuesday/Thursday	\$185 per month
_____	Optional 3rd Day on Monday pending interest	\$215 per month
_____	3 Days Tuesday/Wednesday/Thursday	\$215 per month
_____	Optional 4 <sup>th</sup> Day on Monday pending interest	\$265 per month

### 4 Year-Old Pre-K Class

9:00 – 1:00PM

_____	4 Days Monday – Thursday	\$ 265 per month
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## Fees and Payment

**All registration and supply fees are non-refundable.**

\$100 Annual Registration Fee - \$60 Additional Sibling Registration Fee

\$45 Annual Supply Fee for MMO, 2's and 3's

\$45 August Supply Fee and \$45 January Supply Fee for 4's

*Families with multiple children enrolled will receive a \$10 discount off of the lowest tuition.*

#### Important Notes:

- Tuition is calculated by the total number of school days and is divided equally into 9 monthly payments. Tuition is due the 1<sup>st</sup> of each month, August 2010 – April 2011. **Your first month's tuition is due by August 1, 2010**, and is non-refundable. Registration and supply fees are due at the time of registration.
- Failure to submit payment by August 1<sup>st</sup> will forfeit your place in our program.
- All MMO children must be walking. All 3 and 4 year olds must be potty trained.
- All children are placed in classes by the child's age on *September 1, 2010*.
- Each child must have a current immunization record (Form 3231) and copy of a birth certificate on file to begin our program.

Registration:	\$ _____	
Supply Fee:	\$ _____	
1 <sup>st</sup> Month's Tuition:	\$ _____	<i>(Due by 8/1/10)</i>
<b>Total:</b>	<b>\$ _____</b>	

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

#### OFFICE USE ONLY:

Date received: \_\_\_\_\_

Y     N     Birth Certificate

Y     N     Immunization Record

Y     N     Payment Received     \_\_\_\_\_ Cash?     \_\_\_\_\_ Check #

Date Withdrawn: \_\_\_\_\_