

Family Last Name _____

The Learning Ark Christian Preschool
2019/2020

I am registering my child for: ☐ Two by Two- Monday

☐ 3 year old class ☐ 4 year old class

☐ 5 Day Pre-K class ☐ 4 Day Pre-K class ☐ Arts in the Afternoon

Two by Two: Mondays from 1-2:30 pm

A Parent and Me Class for 1s, 2s and young 3s.

Three year old class: Monday and Wednesday, from 9 -11:30 am

Students attending this class must be three years old by October 1st.

Four year old class: Monday, Wednesday, Thursday from 9 -11:30 am

Students attending this class must be four years old by October 1st.

***New this year* 5 Day Pre-K class: Monday – Friday from 9 -11:30 am**

4 Day Pre-K class: Monday – Thursday from 9 -11:30 am

Pre-K students must have reached their fourth birthday by May 1st prior to the beginning of the school year.

Arts in the Afternoon: Wednesdays from 12:00-2:00 PM

Open to all children as an addition to the preschool day or as an exploratory class. This class will offer an enhanced music and arts curriculum.

Preschool classes subject to change based upon enrollment.

Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Name child prefers to be called: _____

Child's Home Address: _____

Gender: ☐ Male ☐ Female

Birth date: _____

Please list any existing medical conditions and medications your child may require.

Please list any special needs and accommodations (please include physical disability; emotional and behavioral difficulties).

Please list all allergies including food allergies: _____

Pediatrician's Name: _____ Phone: () _____

PLEASE ATTACH A COPY OF IMMUNIZATION RECORDS OR STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

We are dedicated to creating a loving and nurturing environment at The Learning Ark Christian Preschool. Please answer the following questions so that we can help your child adjust to the preschool setting.

Has your child previously attended preschool or daycare? ☐ Yes ☐ No

If yes, where? _____

Favorite book: _____

Favorite toy: _____

Favorite foods: _____

Does your child have any pets? ☐ Yes ☐ No

If yes, please list: _____

Does your child have siblings? ☐ Yes ☐ No

If yes, please list names and birth dates: _____

Favorite activities: _____

Please describe your child's personality: _____

What do you enjoy most about your child? _____

Parent/Guardian Information 1

First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Relationship to child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster parent ☐ Other _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Please mark all that apply: ☐ Child lives with adult listed above ☐ Authorized pickup

☐ Emergency contact

Parent/Guardian Information 2

First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Relationship to child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster parent ☐ Other _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Please mark all that apply: ☐ Child lives with adult listed above ☐ Authorized pickup

☐ Emergency contact

Are parents or legal guardians active members of Union Lutheran Church? ☐ Yes ☐ No

If no, please list church attending if applicable: _____

Additional Emergency Contact & Authorized Pickup 1

First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Relationship to child: _____

Please mark all that apply: ☐ Emergency contact ☐ Authorized to pick up child

Additional Emergency Contact & Authorized Pickup 2

First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Relationship to child: _____

Please mark all that apply: ☐ Emergency contact ☐ Authorized to pick up child

For the safety of our students, any persons other than parents or legal guardians will be required to show identification at the time of child pick up.

Tuition/Payment Information

Two by Two: 1 day class- \$65 per month or \$555.75 yearly tuition if paid by August 15, 2019

Three Year Olds: 2 day class – \$130 per month or \$1,111.50 yearly tuition if paid by August 15, 2019

Four Year Olds: 3 day class - \$160 per month or \$1,368.00 yearly tuition if paid by August 15, 2019

Pre-K: 5 day class- \$200 per month or \$1,710.00 yearly tuition if paid by August 15, 2019

4 day class- \$180 per month or \$1,539.00 yearly tuition if paid by August 15, 2019

Arts in the Afternoon: 1 day class - \$65 per month or \$555.75 yearly tuition if paid by August 15, 2019

The yearly fee reflects a 5% discount on tuition.

Additional Discounts:

- Parents/legal guardians who are active members of Union Lutheran Church at the time of preschool registration will receive a 5% tuition discount in addition to all other discounts offered.
- Discounts are available to families with more than one child attending during the 2019 - 2020 school year. A 5% discount will be applied to the tuition of the youngest child attending.
- A 5% discount will be applied to the Arts in the Afternoon tuition if the child is enrolled in a preschool class.

Please note that tuition includes all materials and daily snacks

Payments:

I understand that my child's tuition is due the 15th of the preceding month and that checks should be made payable to Union Lutheran Church and returned to the church office. **Monthly payments are due August 15th through April 15th.** I also understand that a **late fee of \$10.00 will be applied if tuition is not received by the 25th of the month.** Please note that a child may be dismissed from school if the tuition is not paid.

A \$20 fee will be charged for all returned checks in addition to fees incurred by The Learning Ark Christian Preschool.

Thirty days written notice is required prior to withdrawal of the student and the final month of tuition will not be prorated. Failure to provide notice will result in charges of one month's tuition.

I have read and agree to the above statements.

Signature of Parent/Guardian: _____ Date: _____

Signature of person responsible for tuition payment if other than Parent/Guardian:

_____ Date: _____

Please list contact information below if other than parent/guardian:

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Registration

Registration Fee: \$65

This fee is non-refundable upon the student's acceptance into the preschool program.

To register your child for the 2019/2020 school year, please complete and return this form along with the registration fees payable to Union Lutheran Church.

The Learning Ark Christian Preschool of Union Lutheran Church
5500 Route 873
Schnecksville, PA 18078

A member of the preschool staff will contact you within 48 hours of receipt of this registration-application informing you of admission. If our staff feels that we are not able to meet the instructional/behavioral/medical needs of your child, we will return all fees if your child is not accepted into our program.

Signature of Parent/Guardian: _____ Date: _____

Signature of person responsible for tuition payment if other than Parent/Guardian:

_____ Date: _____