

REGISTRATION INFORMATION: 2012 - 2013

Sandy Hill Preschool will open registration for families (currently enrolled) for the 2011 - 2012 school year on **THURSDAY, JANUARY 19th at 9:30 a.m.**

New families are invited to come and see Sandy Hill Preschool on **Friday, February 3, 2012 at 9:45 a.m. or at 12:45 p.m.** Please tell your friends about our great program here at Sandy Hill and inform our office of their mailing address if possible, so that we can send them a personal invitation with an R.S.V.P.

A completed registration form accompanied by a registration fee is necessary for us to register your child in preschool. The registration fee is not credited towards tuition nor will it be refunded if your child is withdrawn. Tuition payments for 2011-2012 **need to be current** in order to register for 2012-2013.

The monthly tuition fees for the 2012-2013 school year are as follows:

2 1/2 Year Old Class	\$50.00	(1 day a week: Monday mornings, 8 children per class)
2 1/2 Year Old Class	\$100.00	(2 days a week: Tues. & Thurs. mornings or Wed. & Fri. mornings, 8 children per class) Must be two years old by April 1st
Young 3's Class	\$100.00	(2 days a week: Tuesday and Thursday mornings, 8 children per class) Must turn three years old between July 1st - November 1st
3 Year Old Class	\$98.00	(2 days a week: Tuesday and Thursday, morning or afternoon, 10 children per class)
	\$113.00	(3 days a week: Monday, Wednesday, Friday, 10 children per class, afternoons only) Must be three years old by September 1st
Young 4's Class	\$113.00	(3 days a week: Monday, Wednesday, Friday mornings, 10 children per class) Must turn four years old between September 2nd -November 1st
4 Year Old Class	\$113.00	(3 days a week: Monday, Wednesday, Friday, morning or afternoon, 12 children per class)
	\$113.00	(3 days a week: Tuesday, Wednesday, Thursday, 12 children per class, afternoons only) Must be four years old by September 1st
5 Year Old Class	\$156.00	(4 days a week: Mon., Tues., Wed., Thurs., morning or afternoon. 14 children per class) Must be 5 years old by December 31st

CLASS OPTION ADD ONS:

Lunch Bunch	\$65.00	(10 week sessions offered 2 times a year, Monday - Friday from 11:30-12:30 p.m. A payment plan will be available.)
Beginning with Play	\$50.00	(8 week sessions offered 3 times a year on Wednesday from 9:45-10:45 a.m.)
Brain Builders	\$100.00	(10 week sessions offered 2 times a year on Monday afternoon— 12:30-1:30, Friday morning— 10:30-11:30 or Friday afternoon—12:30-1:30. A payment plan will be available.)
NEW		
Music & Movement	\$100.00	(10 week sessions offered 2 times a year on Wednesday afternoon— 12:30-1:30 or Friday morning— 9:30-10:30. A payment plan will be available.)

Please bring your completed registration form and \$40 registration fee with you on Thursday, January 19th to the Fellowship Hall downstairs. Payments for Lunch Bunch, Brain Builders, Music & Movement, and Beginning with Play are not due until those sessions start.

**** Please include \$40 registration fee with completed form. ****



Registration Form

Please indicate your choice of session (Check One):

Birthdate

- 2 ½ Year Old Class.....Monday Mornings.....9:30-11:30
- 2 ½ Year Old Class.....Tuesday and Thursday Mornings.....9:30-11:30
- 2 ½ Year Old Class.....Wednesday and Friday Mornings.....9:30-11:30
- Young Threes Class.....Tues./Thurs. Mornings.....9:30-11:30
- Three Year Old Class.....Tues./Thurs. Mornings.....9:30-11:30
- Three Year Old Class.....Tues./Thurs. Afternoons.....12:30-2:30
- Three Year Old Class.....Mon./Wed./Fri. Afternoons.....12:30-2:30
- Young Fours Class.....Mon./Wed./Fri. Mornings.....9:30-11:30
- Four Year Old Class.....Mon./Wed./Fri. Mornings.....9:30-11:30
- Four Year Old Class.....Mon./Wed./Fri. Afternoons.....12:30-2:30
- Four Year Old Class.....Tues./Wed./Thurs. Afternoons.....12:30-2:30
- Five Year Old Class.....Mon./Tues./Wed./Thurs. Mornings.....9:00-11:30
- Five Year Old Class.....Mon./Tues./Wed./Thurs. Afternoons.....12:30-3:00

July 1-Nov.1

Sept. 2-Nov.1

Student Referral Program

I was referred by: _____ Newspaper _____ Road Sign _____ Website _____

Student Information

Child's Name _____ Nickname _____

Date of Birth _____ Child's Age Now _____ Male Female

Home Phone () _____ New Student: Yes No Returning Family: Yes No

Address _____

Father's Name _____ Occupation _____
Address (if different) _____ Phone Number _____
Cell Phone _____

Mother's Name _____ Occupation _____
Address (if different) _____ Phone Number _____
Cell Phone _____

- I give permission for our address and phone number to be included in the Preschool Directory.
 Yes No
- I would like to receive the preschool newsletter as:
 Paper copy email: _____
- For inclement weather or special announcements (ex: no heat / electric / preschool events), please provide us with your email address. This will be one more means Sandy Hill Preschool can use to notify you should there be cancellation of classes or early dismissals.

Please use this e-mail address _____

For Office Use Only

Date Rec'd _____ Amount Paid _____ Check or Receipt # _____ Rec'd By _____
Month/Day/Year

Student Information (con't.)

Other Persons in Household:

_____ Step-parent _____ Grandparent Other _____

Siblings (names and ages) _____

General Information To Help Us Know Your Child

Does your child:

Have any unusual fears? _____

Need assistance with routine bathroom procedures? _____

Prefer using which hand? Left Right

Attend Sunday school? Yes No Where? _____

Does your child have any known, diagnosed special needs (ex. ADHD, Autism, Speech etc.)? Yes No

If yes, please explain _____

Directions to your house using Sandy Hill Preschool as the starting point

(The teachers use this information to plan home visits in early September).

Emergency Information

Child's name _____ Date of birth (M/D/Y) _____

Parent/guardian #1 _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Parent/guardian #2 _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Emergency contacts (other than parent/guardian) :

Emergency contact #1 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Emergency contact #2 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Who will be allowed to pick up your child (other than parent/guardian) ?

"Pick-up" Person #1 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

"Pick-up" Person #2 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

"Pick-up" Person #3 _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Medical Information:

Physician _____ Phone _____

Dentist _____ Phone _____

Preferred Hospital in case of an emergency _____

Does your child have any special medical needs? _____

Does your child have any allergies? _____

Does your child have any food allergies? _____

Please list and explain any medication your child may need or use on a regular basis.

I hereby give my consent for the named child to be admitted to the designated Sandy Hill Preschool program. I understand that acceptance is at the discretion of the Sandy Hill Preschool. I will not hold any personnel associated with the designated Sandy Hill Preschool program liable for any injury whatsoever my child may sustain in the activities thereof. After Sandy Hill Preschool staff has made every attempt to contact a parent or guardian, I authorize Sandy Hill Preschool staff to secure first aid and/or the services of any legally qualified physician or hospital and agree to assume all financial obligations connected therewith.

Signature of parent or guardian

Date



ALLERGY POLICY

I, _____, acting for myself and my child(ren) hereby indemnify and hold harmless the Sandy Hill Preschool (and its staff members) from any claim or liability for food allergy reactions, related to my child(ren)'s consumption of food provided by the Preschool.

Student's Name

Parent's Signature

Date:

Sandy Hill Preschool Director's Signature

Date:

If your child has a food allergy please fill out and sign the form below otherwise leave blank.

**** If your child has any food allergy, parents must be willing to supply the child's snack. The snack will include a small food item and a drink. The snack should be in a labeled container and brought daily to preschool. Preschool will serve only the food items brought in by the parent/guardian to a child with a food allergy.**

**** In the event of a peanut allergy, the classroom will be kept free of peanuts and peanut products. The parent must still supply the daily snack. Parents may check with their individual teachers for a snack schedule to assist you in providing a similar snack.**

Food Allergy: _____

_____ *Yes, I commit to providing a daily snack for my child on each preschool day.*

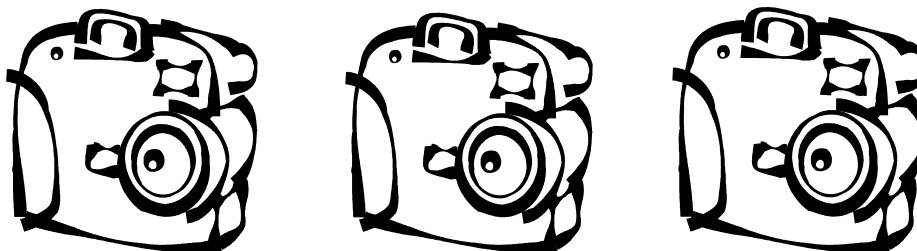
Parent/Guardian's Signature

Date:

Sandy Hill Preschool Director's Signature

Date:

PHOTOGRAPHS/VIDEOTAPING



Occasionally the preschool staff or approved visitors take pictures of or videotape the children. These pictures are used to publicize and promote Sandy Hill Preschool activities or events. Pictures may appear in local newspapers, brochures, or on our web site. No additional notice may be given of picture-taking sessions.

The form below is for parental approval/release for photographs. Please sign and date where indicated below. No photos or videos will be taken of children whose parents do not grant permission.

Please check only one box.

- I do give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for purposes of promoting the preschool and its activities. *IN SCHOOL AND OUTSIDE PROMOTION*- examples: cubbies, placemats, wall posters, PowerPoint presentations at open houses, website, newspapers, etc.)
- I do give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for purposes of promoting the preschool and its activities. *IN SCHOOL ONLY* (ex: Cubbies, placemats, wall posters, PowerPoint presentations at open houses)
- I do not give permission for my child to be photographed or videotaped while at the preschool or on preschool field trips for purposes of promoting the preschool and its activities.

Child's Name _____

Parent/Guardian Signature _____ Date _____