

PRINCE OF PEACE CATHOLIC PRESCHOOL



Preschool Enrollment Form 2011- 2012

Note: Applications cannot be accepted without registration fee.

In accordance with the Archdiocese of Atlanta, we believe that children are unique and special beings that develop in their own time and pace. Our developmentally appropriate program is designed to provide experiences that will focus on the growth of the whole child. In addition to school readiness, our program will encourage life-long learning, problem solving and decision-making, and motivate each child to reach his individual potential and beyond.

Child's Name _____ M/F _____ Age _____ DOB _____

As of Sept. 1, 2011

Home Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Email: _____

Father/Guardian's Name: _____

Address (if different from child): _____

Phone: _____ Cell: _____ Email: _____

Occupation and Employer: _____

Work Phone: _____

Religious Denomination: _____

Church Member of: _____

Mother/Guardian's Name: _____

Address (if different from child): _____

Phone: _____ Cell: _____ Email: _____

Occupation and Employer: _____

Work Phone: _____

Religious Denomination: _____

Church Member of: _____

Siblings applying to Prince of Peace Catholic Preschool

Name: _____ Age: _____ Class Applying for: _____

Name: _____ Age: _____ Class Applying for: _____

Name: _____ Age: _____ Class Applying for: _____

Prince of Peace Catholic Preschool does not discriminate on the basis of age, gender, race, color, national origin, religion or disability.

Office Use Only

Entrance Date _____ Withdrawal Date _____

Registration Fee: _____

Payment Option Chosen: Annual Semi Annual Monthly

First Payment: _____

Activity Fee: _____

Immunization Record: _____

Teacher: _____

Class Preferences and Financial Obligation

Child must be the designated class age by Sept. 1, 2011
Please indicate a first and second choice when possible

Class

- Two Year Old Program
- Two/Three Program
- Three Day Three Year Old Program
- Four Day Three Year Old Program
- Four Day Four Year Old Program
- Five Day Four Year Old Program

Days of the Week

- Tuesday and Thursday
- Tuesday and Thursday (All children in the class are 3 by Nov.)
- Monday/Wednesday/Friday
- Monday – Thursday
- Monday – Thursday
- Monday - Friday

Registration Fee

The registration fee is equal to one month of tuition. The registration fee is non-refundable. The registration fee will not be deposited unless we are able to offer your child a place in our program. If your child is placed on a waiting list your original check will be returned.

Tuition and Fees

We are a **non-profit** organization. All tuition that we collect pays our staff wages and operational costs. Registration fees cover supplies needed each day and required annual teacher training. The activity fee pays our music and movement enrichment, as well as in house field trips.

Tuition is already adjusted for holidays but cannot be adjusted for absences. For ease of accounting, the tuition rates were calculated based on the total number of days of class and divided among the school months from September through May.

	Annual	Semi-Annual	Monthly
2 days	\$1395.00	\$697.50	\$155.00
3 days	\$1575.00	\$787.50	\$175.00
4 days	\$1710.00	\$855.00	\$190.00
5 days	\$1890.00	\$945.00	\$210.00

Your first tuition payment is due July 10, 2011.

A \$20.00 charge will be added for checks received after the 10th of each month.

Activity Fee: This is an annual fee that covers our Music and Spanish programs, in house field trips and photos for the children's portfolios. The activity fee due at August Open House:

2 days a week: \$70.00	3 days a week: \$80.00
4 days a week: \$90.00	5 days a week: \$100.00

Tuition Payment Options

Families may choose one of the following payment options:

- A: Annual – payment in full due July 10, 2011
- B. Semester - July 10th 2011 and November 10th, 2011
- C. Monthly – September tuition is due July 10th and the remainder is due the first of each month.

We will accept auto bill pays. Please notify us if you choose to pay this way.

By signing below, I accept my family's financial obligations to Prince of Peace Catholic Preschool

Signed: _____ Date: _____

Permission to Release

Please list two additional contacts, other than the parents, who are authorized to pick up your child after school:

Name: _____

Address: _____

Daytime Contact Numbers: _____

Relationship to Child: _____

Name: _____

Address: _____

Daytime Contact Numbers: _____

Relationship to Child: _____

**Staff member may request picture identification from the above adults.*

Emergency Contact Information:

Name: _____ Phone Number (daytime): _____

Name: _____ Phone Number (daytime): _____

Medical Information

Child's Physician: _____ Phone: _____

My child has the following special needs:

The following special accommodations may be required to effectively meet my child's needs while at school:

My child is currently taking the following prescribed medications for long-term continuous use and/or had the following existing illness, allergies, or health concerns:

Signature of Parent or Guardian: _____ Date: _____

We strive to meet the needs of each individual child, but if we feel we are not qualified to handle your child's disability, we reserve the right to return the registration fee.

Emergency Medical Authorization

Please let us know if we can assist your child with an Asthma or Food Allergy Action Plan.

The following records shall be maintained on file for each child enrolled in a parish program. Authorization must be obtained in order to provide emergency medical care for a child when the parent is not available.

Should _____ (child's name) suffer any injury or illness while in the care of Prince of Peace Catholic Preschool and the parish is unable to contact me immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I (we) agree to keep the parish program informed of changes in telephone and cell numbers where I can be reached.

The parish program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is: _____

Phone _____

Known medical conditions (i.e. diabetic, asthmatic, and drug or food allergies):

Signature of Parent or Legal Guardian _____

Date _____ Phone _____ Cell _____

Family Information

Please help us plan for your child's needs, understand concerns, and support and encourage your child by providing the following information. This information will remain confidential and we hope you will update us as necessary.

Parent/Guardian's Marital Status: Married, Divorced/Single, Divorced/Remarried, Single Parent, Deceased

Child lives with: Both Parents ___ Mother ___ Father ___ Other * please list ages and relationships

Other significant people in your child's life: i.e. stepfamilies, grandparents, baby-sitters, etc.

Does your child have any siblings? If yes, please list their names and ages.

Does your child have a pet? Type of pet: _____ Name of pet: _____

Have there been births, deaths, adoptions, or other changes in the family structure that would affect your child? If so, describe briefly what happened, the affect on your child, and tell us how you explained this event to your child.

What opportunities does your child have to play with other children?

____ Neighborhood _____ Church playgroup/nursery _____ Cousins/Family
____ Other

What are your child's favorite play activities?

Do you consider your child easy or hard to manage?

What methods of discipline have you found most effective?

What fears does your child have? How are they expressed?

What do you and your child enjoy doing together?

What trips, vacations, or other family experiences are remembered with the most pleasure?

What special happening is your child apt to tell us about?

Does your child have special words for going to the bathroom, etc. that we should be aware of?

Is English the primary language used in your home? If not, what language?

How much television does your child watch each day? What are their favorite programs?

How much sleep does your child require daily? Does your child nap regularly?
Usual bedtime: Nap time?

What communicable diseases has your child had? Indicate age:

_____ Chicken pox _____ Scarlet fever _____ Mumps _____ Measles _____ Impetigo
_____ Conjunctivitis (pink eye)

Does your child have frequent?

_____ Colds _____ Coughs _____ Ear Infections _____ Tonsillitis _____ High Fever
_____ Upset Stomach _____ Convulsions _____ Seizures

Has your child had a serious illness, surgery or hospital stays? If so, please describe condition and your child's reaction.

Does your child have any abnormality of the skin? _____ Glands _____ Extremities
_____ Genitalia _____ Nervous System _____ if so, please describe.

Is your child in diapers? _____ Or are bowel and bladder functions regular and under control? _____

Has your child had a _____ Vision Test _____ Hearing Test _____ Results:

Has your child had regular dental check-ups? _____ Any dental problems?

Does your child have dietary restrictions? _____ Of so, please describe:

Is this because of allergies, family preference or medical needs?

Describe your child's eating habits:

_____ Likes a lot of foods _____ Eats only a few foods _____ Eats only at meal times
_____ Snacks all day _____ Eats at meal times and snack times

Please describe your child's overall health:

Please provide any additional information you think might be important:

Is your child being served by a private or county service? If so, please describe.

What hopes and expectations do you have for your child from our program?

Release Form for Photography and Video Taping

Prince of Peace Catholic Church
The Catholic Archdiocese of Atlanta
680 West Peachtree Street, N.W.
Atlanta, Georgia 30308

I hereby give my permission for _____
(child's name)

to be photographed or video taped for activities essential to the
preschool program.

I release and relieve Prince of Peace Catholic Church from any
responsibility or liability for any claims arising from the publication or
reproduction of any photographs or videos of the above mentioned child.

I also understand that the photography or video taping is being done
with the knowledge and approval of Prince of Peace Catholic Church, and
that this signed release form is on file at Prince of Peace Catholic Church.

Parent or Guardian (Print or type): _____

Parent of Guardian Signature: _____

Witness: _____

Date: _____

Parent Participation

Parent involvement is what makes your child's school experience the best it can be. We welcome your interest and your expertise. Please check all that apply:

I would be interested in:

- A teaching position
- An assistant teaching position
- Serving as a room parent
- Serving as a classroom angel (helping to coordinate spiritual activities for the class)
- Helping with repairs
- Being a substitute teacher
- Working on our Sunshine Committee (making meals for families in need of TLC)
- Working on our school scrapbook
- Helping to maintain our school library
- Helping with our fundraisers
- Assisting with office work
- Praying for staff and children
- Helping prepare teaching materials
- Providing special materials, food, etc. as needed for my child's class
- Your own special gift and talents: _____

Name: _____

Phone Number: _____

Email Address: _____

Child's Name: _____