



Friendship Presbyterian Preschool

2012-2013

8531 Macon Highway
Athens, Georgia 30606
(706) 546-1693

STUDENT INFORMATION PLEASE PRINT

Today's Date _____ / _____ / _____ Registration Priority Number _____

See section C

Child's Name _____ Name Used _____

Parent's Names _____

Age on Sept. 1, 2012 _____ Sex _____ Birthdate ____ / ____ / ____

Home Address _____
(Street)

Home Phone Number (____) _____ (City) _____ (State) _____ (Zip) _____

CLASS OPTIONS

AGE GROUPING AND DAYS PREFERRED

Please Numerically Mark Your First AND Second Choices

<u>FIRST FRIENDS</u>	<u>Older 2's/Young 3's</u>	<u>3's</u>	<u>4/5's</u>
18 – 26 months by Sept.1	28 months by May 31	3 yrs by Sept.1	4 yrs by Sept.1
____ Mon/Wed/Fri	____ Tues.,Thurs.	____ Tues., Thurs.	____ M,T,W (3 day)
____ Tues/Thurs	____ M,W,F	____ M,W,F	____ M,T,W,Th (4 day)
	____ M thru F	____ M thru F	____ M thru F (5 day)

Class options are subject to change due to registration requests and/or teacher-student ratio requirements.

PARENT or GUARDIAN INFORMATION

Mother's Name _____ Home Phone _____

Cell Phone _____

E-Mail _____

Employer _____ Work Phone _____

Father's Name _____ Home Phone _____

Cell Phone _____

E-Mail _____

Employer _____ Work Phone _____

Parent's Signature _____ Date _____

****PREPAY FIRST MONTH'S NON-REFUNDABLE TUITION BY MAY 1ST**

FOR OFFICE USE ONLY:

Date Received _____ R.F. Paid _____ Priority Status _____
Date Accepted _____ A.L. mailed _____ A.P. mailed _____

PRIORITY STATUS

- 1. Children who are presently enrolled in Friendship Presbyterian Preschool.
- 2. Children of Friendship Presbyterian Church member families.
- 3..Siblings of children presently enrolled at Friendship Presbyterian Preschool.
- 4. Children whose family members were enrolled previously.
- 5. Children who remained on the waiting list from the prior school year.

ENTRY REQUIREMENTS BY SEPTEMBER 1, 2012:

- Child **must** be toilet trained for the 3 & 4/5 year old classes. Pull-ups are not acceptable.
- Child's immunization record **must** be current and in school file per rules of State of Georgia,

I have read the Friendship School policies on the school web site.. I have enclosed the registration fee (\$150.00 for one child; \$175.00 for a family of 2 or more) and I understand that it will not be refunded unless Friendship School does not offer to enroll my child.

Child lives with:

_____ Both Parents
 _____ One Parent (Please indicate who) _____
 _____ Other (Please explain) _____

Are there special *restrictions* regarding parental consent, pick-up, etc. _____ YES _____ NO

(Please explain) _____

Is child a foster child? _____

Is child adopted? _____ At what age? _____ Does he/she know? _____

MEDICAL or EMERGENCY CARE

List two persons willing to assume responsibility for the child during an emergency, if the parents cannot be reached. (These contacts should be someone local to this area, available within 20 minutes)

1. _____
 Name Address Phone Relationship

2. _____
 Name Address Phone Relationship

Routine sources of medical and dental care for the child are:

Doctor _____
 Name Address Phone

Dentist _____
 Name Address Phone

Hospital Preference _____
 Name Address Phone

FAMILY INFORMATION

List the names of other children in the household.

Name	Age	Sex	Relationship
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Name	Age	Sex	Relationship
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Name	Age	Sex	Relationship
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STUDENT INFORMATION

1. Explain the child's previous preschool, nursery or child care experience.

Facility	Dates Attended	Days per Week
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2. Does your child accept new people easily? _____ YES _____ NO
3. Do you speak a language at home other than English? _____ YES _____ NO If yes, what ? _____
4. Are there any cultural practices or holidays you would like us to know about? _____

5. Is your child toilet trained? _____ YES _____ NO **(REQUIRED FOR THE 3 & 4/5 YEAR OLD CLASSES)**

6. Can the child be relied upon to indicate his/her wishes about going to the bathroom? _____ YES _____ NO

7. What words does your child employ for using the toilet? _____

8. Does the child have any history of bladder or bowel irregularities? _____ YES _____ NO

If yes, please explain. _____

9. Is there anything the school should be aware of that frightens your child? _____ YES _____ NO

If yes, please explain. _____

10. Please explain what you do to comfort your child. _____

11. Please relate any special eating or food-related instructions for your child. _____

12. What are your child's favorite activities? _____

13. What special benefits do you desire your child to derive from the experience with Friendship Presbyterian Preschool? _____

14. Please give any other information that you'd like the school staff to know, in order to help it better plan

