

## THREE'S PRESCHOOL CLASS CHOICE FORM

This program focuses on creating a warm and nurturing environment where children are encouraged to explore and interact with one another. Children are introduced to key early childhood basic skills and concepts through play and hands-on experiences. Daily circle time gives children opportunities to sing, share, and explore readiness through structured activities.

- Must be 3 years old by November 1, 2019.
- Please indicate your class preference by ranking the classes below (#1 being your first choice).
- Please note that all classes run from September 3, 2019 to May 23, 2020.
- First tuition payment will be due August 15, 2019.
- Registration Fee is \$100 non-refundable.
- *All classes are based on enrollment.*

Sec#	Class Day	Date	Time	Monthly Fee	Please mark your class preference
3-01	M / W	9/04—5/22	9:00am—11:30am Preschool Only	\$170	
3-02	M / W	9/04—5/22	9:00am —12:30pm Preschool + Brown Bag Lunch	\$220	
3-03	M / W	9/04—5/22	9:00am —2:00pm Preschool + Brown Bag Lunch + Extended Day	\$295	
3-04	T / TH	9/03—5/21	9:00am —11:30am Preschool Only	\$180	
3-05	T / TH	9/03—5/21	9:00am —12:30pm Preschool + Brown Bag Lunch	\$230	
3-06	T / TH	9/03—5/21	9:00am —2:00pm Preschool + Brown Bag Lunch + Extended Day	\$305	



## PRESCHOOL REGISTRATION FORM (2019-2020)

PLEASE PRINT CLEARLY AND COMPLETE BOTH PAGES OF REGISTRATION FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Boy or Girl

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

MOTHER or GUARDIAN	FATHER or GUARDIAN
Name: _____	Name: _____
Address if different from child's: _____	Address if different from child's: _____
City _____ Zip _____	City _____ Zip _____
Employer _____	Employer _____
Work Phone: _____	Work Phone: _____

SIBLINGS			
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

EMERGENCY CONTACT INFORMATION	
Name (other than guardian) _____	Relationship _____
Home Phone _____	Cell Phone _____
I give permission to EWP to release my child to the above emergency contact if deemed necessary. Yes	
-----	
Name (other than guardian) _____	Relationship _____
Home Phone _____	Cell Phone _____
I give permission to EWP to release my child to the above emergency contact if deemed necessary. Yes	

**PICKUP AUTHORIZATION**

I authorize these people to transport my child to or from school, in case of illness, if I cannot be reached or for carpooling reasons:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

**PHOTO RELEASE**

I grant permission for my child to be photographed while attending Eagle’s Wings Preschool. I understand that photographs of my child could appear in newsletters, Facebook, Eagle’s Wings Preschool Website and/or the Eagle United Methodist Church website to promote Eagle’s Wings Preschool.

\_\_\_\_\_ (initials)

I refuse to grant permission for my child to be photographed while attending Eagle’s Wings Preschool. I also understand that NO photographs will appear in newsletters, Facebook, Eagle’s Wings Preschool Website and/or the Eagle United Methodist Church website to promote Eagle’s Wings Preschool.

\_\_\_\_\_ (initials)

**ALLERGIES**

Does your child have any allergies? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your child have an Epi-Pen?  Yes  No

Does your child have any special needs that you would like us to know for planning purposes?

\_\_\_\_\_

\_\_\_\_\_

Is English the primary language spoken at home?  Yes  No

If no, what Primary language is spoken at home? \_\_\_\_\_

**CHURCH AFFILIATION**

Is your family an active member of Eagle United Methodist Church?  Yes  No

What church does your family attend? \_\_\_\_\_

**OFFICE USE ONLY**

Class(es) placed in:

**To Register for any Preschool class, you must complete all items listed below.**

**Please turn them into the Preschool Office.**

**You will receive an email stating registration is complete.**

**Completed Registration Form**

- **Completed Class Choice Form**
- **Copy of Child's Immunization Records**
  - **Registration Fee \$100**