

FOUR'S PRESCHOOL CLASS CHOICE FORM

Our Four's Program uses play and creativity to learn in the areas of language, science, math, art, social studies, and music. Each week focuses on a theme that is incorporated into daily circle time, outdoor play and activities geared toward social development and preschool learning. We encourage each child to reach their fullest potential through developmentally appropriate activities using creativity, imagination, and problem solving

- Must be 4 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
4-01	M/W/F	9/04—5/22	9:00am—11:30am Preschool Only	\$235	
4-02	M/W/F	9/04—5/22	9:00am —12:30pm Preschool + Brown Bag Lunch	\$305	
4-03	M/W/F	9/04—5/22	9:00am —2:00pm Preschool + Brown Bag Lunch + Extended Day	\$385	
4-04	T / TH	9/03—5/21	9:00am —11:30am Preschool Only	\$180	
4-05	T / TH	9/03—5/21	9:00am —12:30pm Preschool + Brown Bag Lunch	\$230	
4-06	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**