



FOR OFFICE USE
Registration Form Received: _____
Registration Amount Received: _____
Age: _____
Class: _____
Immunization Record Received: _____

**Ardmore Baptist Preschool
Registration Form
2020-2021**

Please return to Ardmore Baptist Preschool or mail to: 501 Miller St. Winston-Salem, NC 27103
Checks are to be made payable to Ardmore Baptist Preschool. **The Registration Fee is Non-refundable. Your child must be up to date and immunizations turned in before your child can begin preschool.** Please write clearly, we will use your email to communicate.

Child's Legal Name: _____ Nickname: _____

Gender: _____ Date of Birth ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Primary E-Mail Address: _____

How did you hear about us? _____

Faith Preference/Church Affiliation _____

Family Information

Parents' Marital Status: Single ____ Married ____ Separated ____ Divorced ____

Child's Primary Custodian if divorced: Mother ____ Father ____ Other ____

Mother's Name: _____ Cell Phone: _____

Mother's Place of Employment: _____ Work Phone: _____

Address/Home Phone (if different from child): _____

Father's Name: _____ Cell Phone: _____

Father's Place of Employment: _____ Work Phone: _____

Address/Home Phone (if different from child) : _____

Previous Preschool Experience _____

Siblings? If so, please list names, ages, and school(s) they attend:

Emergency Contacts/Release Authorization

Please list the name and telephone number(s) of at least three local people that will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Choice #1:

Choice #2:

Choice #3:

In addition to the child's parents, please list the names of adults who are allowed to pick up your child:

Help us ensure that your child is sent home safely. We may not recognize all the important adults in your child's life. Please tell all contact/release people that they may be asked to provide photo identification.

Medical Information

Name of Child's Physician: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Hospital Preference: _____

Does your child have any allergies or medical conditions that we should be aware of? *(Please describe)*

Newly enrolled preschool families must provide a copy of child's immunization record. Current students may update their record on file as necessary.

Consent for Medical Treatment

I, the undersigned, give permission for the Director, staff or persons working on behalf of Ardmore Baptist Preschool to act in my absence or in emergency situations to obtain medical treatment for my child, _____ . I agree to accept full responsibility for the payment of all ambulance, hospital and physician's bills and charges for services rendered.

(Signature of Parent/Guardian)

(Date)

Media Release

We love to see your preschooler in action! We take photos and video for documentation. We like to use these images in our slideshows, newsletters, on our web site, **Facebook Page** or in any other media, please sign below granting your permission to use your child's photograph.

Yes, you may take my child's photograph *(Signature of Parent/Guardian)* _____ Date _____

Yes, you may take my child's photograph for the slideshow and newsletter but NOT put on Social Media *(Signature of Parent/Guardian)* _____ Date _____

No, you may not take my child's photograph *(Signature of Parent/Guardian)* _____ Date _____

I Do _____ Do Not _____ want email, phone number or address shared with classmates for outside outings.

Class Information (Please Mark Preference)

_____ Infant/Toddler Class (3 months before entering school) _____ MWF _____ T/TH _____ M-F

_____ Ones (Must be walking and One by August 31st, 2020) _____ MWF _____ T/TH _____ M-F

_____ Twos (Two by August 31st, 2020) _____ MWF _____ T/TH _____ M-F

_____ Threes (Three by August 31st, 2020) _____ MWF _____ T/TH _____ M-F

_____ Pre-K (Four by August 31st, 2020) _____ MWF _____ T/Th _____ M-F

If you would like four days or to request days that are not listed above, please list your request in the space below. Special Request will be granted if space allows. We will not know until mid-August about special request. All class placement will be determined by the Director. Thank you

**Ardmore Baptist Preschool Tuition Rates
2020-2021**

Class	Registration Fee	2 days	3 days	4 days	5 days
Infants	\$150	\$190	\$225	\$300	\$350
Ones	\$150	\$190	\$225	\$300	\$350
Twos	\$150	\$190	\$225	\$300	\$350
Threes	\$150	\$190	\$225	\$260	\$280
Pre-K	\$150	\$190	\$225	\$260	\$280

There is a \$300 registration ceiling to families with three or more children.

Tuition is due on the first of the month. September's tuition will be due on September 1st. A late fee of \$30 will be charged for tuition paid after the 10th.

*If we have space, we can offer one day a week and the cost is \$120.

Application for enrollment and registration fee must be submitted to register your child. Please make checks payable to Ardmore Baptist Preschool. Ardmore Baptist Preschool uses the NC School Board of Education cut-off date of August 31 with all classes (except infants/toddlers and ones). All children registering must be class age on or by August 31. Tuition is based on the 2020-2021 calendar and is divided into nine monthly payments.

- The first day of school for the 2020-2021 School year will be August 31st and the last day will be May 28th.

Please use the space below to share any other information about your child that would be helpful for us to know. Thank you