

# 2022-2023 ADMISSIONS CONTRACT

<u>Choose a Class</u>	<u>3's Class</u>	<u>3-4's Class</u>	<u>4's Class</u>	<u>K-Prep Class</u>
<b>Monthly Tuition</b>	<b>\$175.00</b>	<b>\$210.00</b>	<b>\$230.00</b>	<b>\$300.00</b>
<b>Requirements</b>	3yr. by 8/31/22 & fully potty trained	3yr. by 5/31/22 & fully potty trained	4 yr. by 8/31/22 & fully potty trained	4 yr. by 8/31/22 & fully potty trained
<b>Days Attending</b>	<b>2 Days—T/Th</b>	<b>3 Days—M/W/F</b>	<b>3 Days—M/W/F</b>	<b>5 Days—M—F</b>
<b>School Hours Daily</b>	<b>2 -1/2 Hours</b>	<b>2-1/2 Hours</b>	<b>3 Hours</b>	<b>3 Hours</b>
<b>Class Time</b>	<b>9:00-11:30</b>	<b>9:00-11:30</b>	<b>9:00-12:00</b>	<b>9:00-12:00</b>

**Preschool tuition may be paid monthly or in one lump sum.**

<u>Choose Payment Option</u>	<u>3's Class</u>	<u>3-4's Class</u>	<u>4's Class</u>	<u>K-Prep Class</u>
<b>Registration/Supply Fee Due to Register</b>	<b>\$100.00</b>	<b>\$100.00</b>	<b>\$100.00</b>	<b>\$100.00</b>
<b>First Month Tuition due August 1st</b>	<b>\$175.00</b>	<b>\$210.00</b>	<b>\$230.00</b>	<b>\$300.00</b>
<b>Pre-Pay Option Below and Save 5%</b>				
<b>Discounted Tuition Sept—May with Fees</b>	<b>\$1586.25</b>	<b>\$1885.50</b>	<b>\$2056.50</b>	<b>\$2655.00</b>

Please accept my child \_\_\_\_\_ into the Fairwood Christian Preschool 2022-2023 school year.

- A non-refundable registration fee of \$100.00 is due at the time of registration.
- September tuition is due on August 1st.
- Yearly prepaid registration and tuition must be paid in full at the time of registration, and a 5% discount will be applied.
- Monthly tuition payments are due on or before the first of the month. Monthly payments received after the 7th of the month will be assessed a late fee of \$15.00. Payments can be made by personal check, money order, cash, PayPal, and automatic withdrawal.
- Returned checks (NSF) will be surcharged a \$35.00 fee. If 2 checks are returned for NSF, personal checks will no longer be accepted, cash only payments, thereafter.
- There is an overtime fee for late pick up. If your child has not been picked up ten minutes after class has ended, there is a overtime charge of \$15.00. Additional overtime charges of \$10.00 is applied for each ten minute interval thereafter.
- Parents are responsible for each month's tuition, regardless of absences due to illness or family travel. The school's budget and teacher salaries are based upon full enrollment.
- Two weeks' written notice must be given to the school in the event a child is to be withdrawn for any reason. Parents are required to pay for those 2 weeks regardless of when the child stops attending preschool.
- Proof of current immunizations is required prior to admission.

**PLEASE READ AND SIGN:**

I have received a copy of the FCP Parent Handbook and have reviewed the financial obligations and program.  
I agree to abide by the rules established and wish to enroll my child for the 2022/2023 school year.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Fairwood Christian Preschool

Circle One  
3's T/TH

Circle One  
3/4's M/W/F

Circle One  
4's M/W/F

Circle One  
K-Prep M—F

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Circle One: Boy Girl

Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous School/Group Experience: \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_ Mom's Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name of Father or Guardian \_\_\_\_\_ Dad's Cell: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Best way to reach you, circle one: **Home Phone** **Cell Phone** **E-mail** **Text Message** **Work Phone**

Marital Status of Parents \_\_\_\_\_ Custody/Visiting Arrangements \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Attended FCP/Teacher? \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Attended FCP/Teacher? \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Attended FCP/Teacher? \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Attended FCP/Teacher? \_\_\_\_\_

Is a language other than English spoken in your home? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Does your child understand English? \_\_\_\_\_ Does child speak English? \_\_\_\_\_

Can child be understood when he or she speaks? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Is child fully toilet trained? \_\_\_\_\_ Describe words used for potty: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ What is child's bed time? \_\_\_\_\_ Wake up time? \_\_\_\_\_

Does your child have any problems with vision or hearing? \_\_\_\_\_ If so, explain \_\_\_\_\_

List any previous serious illness or accidents: \_\_\_\_\_

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are there any medical, physical, or developmental conditions? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Does child have: Frequent colds? Ear Infections? Sore Throats? Stomach aches?

Does child have any allergies including food? If so, please list:

Does child have regular doctor checkups? Dentist?

Does child attend daycare/babysitter during school hours? If yes, who?

Has child had group play experiences?

If so, describe:

Does child play well alone? In groups?

Does child accept correction easily?

Does your child have any special fears?

Please circle the words below that describe your child

- HAPPY      AGGRESSIVE      FRIENDLY      MOODY      CLUMSY      SHY      EASY-GOING
- DEPENDENT      STUBBORN      IMPULSIVE      FEARFUL      EVEN-TEMPERED      QUIET
- STRONG-WILLED      HIGH-ENERGY      SYMPATHETIC      ATTENTIVE      OUT-GOING      SAD
- DREAMER      ANGRY      FIDGETS      SERIOUS      TALKATIVE      WORRIER      RULE FOLLOWER

**All Persons Authorized To Pick Up Your Child**

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I understand that if the name does not appear on this list, my child will not be released from Fairwood Christian Preschool, unless arrangements are made in advance by a parent or legal guardian.

Permanent changes to this list must be made in person. In the event of an emergency special arrangements may be made by phone.

I understand that persons on this list may be contacted to pick up my child in case of emergency.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# 2022—2023 Medical Treatment & Activity Release

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

## Enrollment

I am the legal custodial parent or court appointed guardian of this child.  
I agree to the following conditions during my child's enrollment.

## Field Trips

I agree that my child may participate in field trips away from the school property.  
I give my permission for my child to participate fully in such activities.  
I may withdraw my permission at any time by giving prior written notice to the school director.

## Health Record

Date of last physical exam: \_\_\_\_\_ Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does child have any allergies? (Including medications) Yes \_\_\_\_ No \_\_\_\_

If yes please list: \_\_\_\_\_

Does child have a physical condition preventing him/her from participation in regularly scheduled activities at school or on field trips? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain. \_\_\_\_\_

A release must be submitted by child's physician authorizing child to participate in such activities.

## Medical Treatment Authorization

In the event of an accident or illness, I hereby authorize the director or staff of Fairwood Christian Preschool to secure necessary medical aid or treatment by the nearest physician or hospital.  
I understand that I will be notified in the case of a medical emergency involving my child.  
In the event that I cannot be reached, I authorize the FCP director or staff to make emergency medical decisions on behalf of my child, if required by law or a health care provider.  
I hereby give permission to the physician selected by the FCP Director to hospitalize and secure proper treatment for my child as named above.  
I understand that FCP will not be responsible for medical expenses incurred on the basis of this authorization.  
I agree to notify FCP in the event of any health changes which would restrict my child's participation in any normal youth or children's activities.

**A facsimile or photocopy of this form shall be as valid as the original.**

\_\_\_\_\_  
Signatures of Parents or Guardians

\_\_\_\_\_  
Date

**Your child's IMMUNIZATION RECORDS must  
be submitted before attending school.**

**You may have immunization records faxed to 253-639-4319  
Attention: Katie Jones**