

APPLICATION FOR ENROLLMENT
Harmony Grove Preschool 2011 - 2012

Please indicate first and second choices in which you are registering your child (if applicable)

<u>18 - 30 months</u> (9:30-12:30) M W F <input type="radio"/> \$150 mth	
<u>2 year old classes</u> (9:30-12:30) 3 day MWF <input type="radio"/> \$150 mth 5 day M-F <input type="radio"/> \$200 mth	<u>3 year old classes</u> (9:30-12:30) 3 day MWF <input type="radio"/> \$140 5 day M-F <input type="radio"/> \$190 5 day M-F (9:30-1:30) <input type="radio"/> \$215
<u>Pre-K (4 year old classes from 9:30-1:30)</u> 5 day M-F <input type="radio"/> \$215 mth	<u>Kindergarten</u> (9:30-1:30) 5 day M-F <input type="radio"/> \$250

Age level refers to your child's age on September 1, 2011

Child's name _____ Birthdate _____ Male Female
Last First Name used

Address _____ City _____ Zipcode _____

Email _____

Home phone _____ Subdivision _____

Father's name _____ Business/cell phone _____

Father's occupation/employer _____

Mother's name _____ Business/cell phone _____

Mother's occupation/employer _____

Language(s) spoken in home _____

Brothers/Sisters (names and ages) _____

Parental Status: Married _____ Divorced _____ Separated _____

Custody Issues? _____

Physical Record:

List any allergies, reactions to medication or foods, or other special needs: _____

Are bathroom habits well established? _____

Physical Disabilities: eyes _____ ears _____
 speech _____ other _____

List medications given on a regular basis: _____

List any foods your child cannot eat: _____

Social Relationships:

Has your child had experience in playing with other children? Please explain in detail:

As yet, does your child favor use of his/her right or left hand? _____

Special Information:

Is there any significant information you might add which would further contribute to a better understanding of your child and his/her needs? (For example: difficulty sharing)

What do you hope your child will gain from a year at Harmony Grove? _____

Disclaimer: As a non-profit school, we reserve the right to not accept your child in our program if this is not the best placement for your child due to budgeting constraints which prevent the hiring of additional staff.

Pre-School Office Use Only

Date enrolled: _____ Teacher _____

Registration/Activity Fees:	Payment 1 Amount/check#	Payment 2 Amount/check#	Payment 3 Amount/check#
12-23 months: \$150	\$ #	\$ #	\$ #
Preschool: \$140 \$150 \$190 \$215	\$ #	\$ #	\$ #
Pre-K \$215	\$ #	\$ #	\$ #
Kindergarten \$250	\$ #	\$ #	\$ #
*There is a 25% discount for the registration fee for a second child. There is no discount in tuition cost.			
Rolodex <input type="checkbox"/>	Emergency Form <input type="checkbox"/>	Immunization Form <input type="checkbox"/>	Lunch Bunch <input type="checkbox"/>