



OFFICE USE ONLY

Name _____
Class _____
Age as of Aug 31, 2018 _____
New _____ Returning _____

Thank you for your interest in Peace Preschool! If you are new to us, we look forward to having you in our Peace Preschool Family. If you are returning, you know how glad we are that we will get to have you for another year.

Upon receipt of this form and the registration fees, we will notify you about your child's class placement. At that time you will be asked to complete an Enrollment Kit, including a Tuition Draft Agreement, Physician's Statement with Immunization Record, and Liability Release Form.

PEACE PRESCHOOL
REGISTRATION
2018-19

Full name of Child _____(Male ___Female ___)

Enrolling in ___ Doves (2's) ___ Cubs (3's) ___ Fish (4's) ___ Horses (5's)

Birthday (include month, day, and year) _____

Name of primary parent/guardians _____

Home address _____

City _____ State _____ Zip _____

Primary telephone number _____

Email Address 1 _____ 2 _____

Church/Religious affiliation or membership

Has your child previously been involved with another preschool or early childhood center before coming to Peace? Yes No

If yes, please explain the reason for making a change. _____

Peace Preschool admits students of any race, color, national and ethnic origin to all the rights privileges, programs, educational & admission policies, scholarships, and activities generally accorded or made available to students at our preschool.

Have you had any consultations regarding your child's development with any physicians, therapists, specialists or referrals? Yes No

If yes, please explain. _____

Does your child exhibit any behaviors which would require special attention? Yes No

If yes, please explain. _____

Does your child have any type of developmental delay, behavioral delay, or physical delay? Yes No

If yes, please explain. _____

Peace Preschool is not staffed or equipped to serve children with serious special needs. Children with minor special needs will be considered on an individual assessment basis.

If your child has (or has had) an Individualized Education Program (IEP), please give us the details, so we can assess whether we can meet the needs of your child. (An IEP is a written document that is developed for each eligible child with a disability.)

Does your child have an active IEP or an expired IEP? Yes No

If yes, please explain. _____

I, _____, understand that a \$100 registration fee is due with this form (\$75 for a second child) and is non-refundable. A one-time Activity Fee (see schedule below) is also due and is refundable until the first day of school. The Activity Fee is not refundable after school begins.

	<u>Monthly Tuition</u>	<u>One Time Activity Fee</u>
Doves (2's)	\$145	\$30
Cubs (3's)	\$195	\$40
Fish (4's)	\$245	\$50
Horses (5's)	\$285	\$60

Signature _____

Date _____

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