

Office Use: Class _____ Reg. Paid: Date _____ Church Member: Y / N Sibling: Y / N

**BERRY'S CHAPEL PRESCHOOL
2017-2018 APPLICATION**

PLEASE COMPLETE ALL BLANKS - IF NOT APPLICABLE, WRITE "N/A"

Child's Name: _____ Date of Birth (mm/dd/yyyy) _____ Sex: M / F

Home Address _____
(Street) (City, ST) (Zip Code)

Primary Family Email _____ Child's Preferred Name: _____

Child lives with (circle one): Both Parents Mother Father Guardian

Mother's Name: _____
Address if different than student: _____

Father's Name: _____
Address if different than student: _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

Work Phone: _____

Work Phone: _____

Daily Work Hours: _____

Daily Work Hours: _____

Church Membership: _____

Church Membership: _____

Are there any custody issues of which we should be aware? _____

If parents are divorced, the custodial parent is _____. (Please provide copy of the custody order.)

Transportation Plan

To insure the safety of your child, please list **ALL** other adults to whom your child may be released or who are authorized to provide transportation for your child.

Name	Home/Cell Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Emergency Information (Name of person, other than staff, authorized to act for a parent in an emergency)

Name	Home/Cell Number	Relationship
1. _____	_____	_____
2. _____	_____	_____

Physician Contact Information and Ongoing Medical Care

Doctor's Name _____ Doctor's Office Address _____

Phone Number: _____ Preferred Hospital: _____

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Please list any food or drug allergies: _____

Are any of these allergies **life threatening**? Y / N If yes, please specify _____

Any medically diagnosed illnesses or health problems? If yes, explain _____

Is your child on any special diet? If yes, explain _____

Is applicant taking any medication on a regular basis? If yes, explain. _____

Has your child ever been professionally evaluated for speech, behavior, or any type of developmental delay? Y / N If yes, please indicate diagnosis. _____

Health History (circle applicable answers)

Sleeping Patterns:

Rocked/Reads before nap Sleeps with special toy/doll/blanket Talks/cries themselves to sleep
Soft music playing Needs pacifier Other _____

Personality Traits/ Child's Typical Behavior:

Friendly/Outgoing Aggressive Shy Quiet
Extremely active Rubs eyes when tired Withdraws Plays well alone
Favorite toy Frightened by Other _____

Peer Interactions (With whom do they spend most of their time):

Preschool Relatives Friends/Neighbors Church

Child's Playmates:

Older Younger Same Age Mixture

Recent Stresses:

Moved Divorce/Remarriage Parent Traveling New Baby Death of relative/pet Other _____

Typical Coping Responses to Stress/Anger/Frustration:

Tantrums Withdraws Change in appetite
Destructive behavior (throws, kicks, bites) Seeks attention and support Other _____

Compared to other children this age, does your child have problems with:

Speech Hearing Vision Walking/Running General movements

Can your child handle basic bathroom needs (required for 3 year old class and up)? _____

List of Child's Siblings

Name	Age	Name	Age
1. _____		3. _____	
2. _____		4. _____	

Previous Preschool Experience

Did your child attend Berry’s Chapel Preschool last year? YES NO If so, what class? _____

Has your child attended another preschool/ child care facility? YES NO If so, please list facility name(s) _____

Is there any other information that you wish to share that would assist us in meeting your child’s needs? _____

Parent Declarations

- I have received a summary of licensing requirements.
- In case of emergency, I grant consent to Berry’s Chapel Preschool staff to authorize emergency care for my child/children.
- I have visited the preschool prior to enrolling my child.
- I have access to the preschool’s parent policy statement or handbook (available online at www.berryschapel.org) and verify my understanding and agreement of the content. A hard copy is available upon request.

Signature of Parent(s)/Guardian(s)

Date

Media Release (please check one)

___ YES, I give permission to Berry’s Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

___ NO, I do not give permission to Berry’s Chapel Preschool to use pictures of my child in promotional materials both mailings or internet.

Registration Offerings

Berry’s Chapel Preschool is licensed by the state as a child care agency for our 3 day/week and 4 day/week classes. Berry’s Chapel Preschool is not required to be licensed by the state as a child care agency for our 2 day/week classes.

I would like to register my child for:

Two Year Olds/ Young 3 Year Olds (Child must be 2 years old by November 30, 2017)

1 Day (Wednesday)* \$130/ month _____

2 Days (Tuesday/Thursday) \$210/month _____

Three Year Olds(Child must turn 3 by Nov. 30, 2017 **AND** be able to handle basic bathroom needs.)

2 Days (Tuesday/Thursday) \$210/month _____

3 Days (Tuesday/Wednesday/Thursday) \$280/month _____

Four Year Olds (Child should turn 4 by December 30, 2017)

3 Days (Tuesday/Wednesday/Thursday) \$280/month _____

Pre-K1 (Child typically turns 5 after January 1, 2018)

3 Days (Tuesday/Wednesday/Thursday) \$280/month _____

4 Days (Monday – Thursday)* \$340/month _____

Pre-K2 (Child is 5 years old at the beginning of the enrolling school year or turns 5 by December 30, 2017)

3 Days (Tuesday/Wednesday/Thursday) \$280/month _____

4 Days (Monday – Thursday)* \$340/month _____

*** 1 Day and 4 Day classes require a minimum of 5 children/class to be enrolled in order for each class to be offered. If this enrollment level is not met, children will be enrolled in the appropriate alternative class option.**

Families with more than one child enrolled at Berry’s Chapel Preschool are offered a 10% discount on the second and third child’s tuition. A 10% discount in tuition is offered to active members of Berry’s Chapel Church of Christ.

A nonrefundable application/enrichment fee of \$135 (\$75 for 1 Day 2 year old class) is required with this application. Please make check payable to Berry’s Chapel Preschool and note the student(s) name in the memo area of the check.

Check No. _____

Amount \$135

Date Paid _____

In addition to this form, **your child’s updated immunization record, available from his/her pediatrician, is required by Sept. 1.**

This form may be faxed to the school at 615.791.5643.