

FRIENDSHIP CELEBRATION PRESCHOOL

765 East Chinden Blvd., Meridian, ID 83646

ljensen@friendshipcelebration.org / 208-288-2404

Office Use Only Ck _____ Ca _____

Date Rec'd _____ Reg fee _____

Month Pd _____ Class _____

Imm. _____ Birth Cert _____

STUDENT INFORMATION

Student's Name _____ Gender: M/F

Nick Name _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Age _____ Home Phone _____ Cell _____

Has student attended Preschool? Y / N Where? _____

RT Handed _____ Left Handed _____ Ambidextrous _____ Email _____

Daytime Caregiver's Name _____ Cell _____

Please list names of other children in family and their ages _____

T-Shirt Size 2T 3T 4T 5-6T (your child will receive a free shirt with registration)

FAMILY INFORMATION

Father/Guardian Name _____ Cell _____

Home address _____ Employer _____

Mother/Guardian Name _____ Cell _____

Home address _____ Employer _____

Family Church _____ Is your child Baptized? Y / N

EMERGENCY INFORMATION

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Specific Allergies and Other Conditions – if none, please write NONE _____

Two other persons we may contact in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

ENROLLMENT -2

IMMUNIZATIONS: Friendship Celebration Preschool requires complete immunization records on file for each enrolled student. All registrants must submit a copy of this information prior to attending.

IN CASE OF EMERGENCY: As the parent of legal guardian of the child named on this form, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian _____

Date _____

PLEASE NOTE: I give Friendship Celebration Preschool permission to photograph and/or video tape my child for public relation promotions for their program.

Please Initial the appropriate line: _____ I DO give my permission _____ I DO NOT give my permission

Child's favorite activites & Toys _____ If upset, how does your child like to be comforted? _____

What do you expect your child to gain from preschool? _____ Hobbies/skills you can share with our class? _____

FEES AND REQUIREMENTS 2018-19

Two-day class: \$125 Tuition/mo....\$100 Registration fee	3 & 4 preschool a.m. class time 9-11.30 a.m.
Three-day class:\$175 Tuition/mo....\$100 Registration fee	3 & 4 preschool p.m. class time 12:30-3 p.m.
Four-day class: \$230 Tuition/mo....\$100 Registration fee	4 day class times 8:30 a.m.-11:30 / 12:30p.m.-3:30

REGISTRATION FEES ARE NON-REFUNDABLE. FIRST MONTHS TUITION IS DUE In AUGUST 2018. Please send in a check payable to Friendship Celebration Preschool or complete an auto pay authorization form.

3-year-old (A.M.) M-W-F _____ (3 day)

4 year old (A.M.) M-W-F _____(3 day)

3-year-old (A.M.) T-TH _____ (2 day)

4 year old (A.M.) T-TH _____(2 day)

3-year-old (P.M.) W-F _____ (2 day)

4 year old (P.M.) M-W-F _____(3 day)

3-year-old (P.M.) T-TH _____ (2 day)

4 year old (P.M.) T-TH _____(2 day)

4 ½ -5 year old (A.M.) M-T-W-TH _____(4 day)

4 ½ -5 year old (P.M.) M-T-W-TH _____(4 day)

(the above class is our PK- pre kindergarten class)

***Your child is enrolled when we receive (1) copy of Immunization, (2) birth certificate,(3) registration fee,(4) form.**