

FRIENDSHIP CELEBRATION PRESCHOOL

765 East Chinden Blvd., Meridian, ID 83646

[ljensen@friendshipcelebration.org](mailto: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 XS or S (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 activities & 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 2019-20

Two-day class: \$130 Tuition/mo....\$100 Registration fee	3 & 4 preschool a.m. class time 9-11.30 a.m.
Three-day class:\$180 Tuition/mo....\$100 Registration fee	3 & 4 preschool p.m. class time 12:30-3 p.m.
Four-day class: \$235 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 2019. 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.) M-W \_\_\_\_\_ (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.**