

AM Classes 8-11 AM

PM Classes 12-3

All Day- 8-3 (students pack a cold lunch)

LIFEHOUSE PRESCHOOL

Lifehouse Preschool

P.O. Box 426

Huntertown, IN

46748

2019-2020 Registration Form

Registration fee of \$100 dollars, or early registration fee of \$75 dollars prior to Feb 8th, 2019 due upon submission to hold your student's spot. ALL spots are first come first serve. Curacubby invoicing available to current students. Rates listed below are based on 9 payments. First/last month and student activity fee due at meet the teacher night.

Place a 1 on first choice and a 2 on second choice

2's Tu/Th AM _____ \$ 140.00	3's Tu/Th AM _____ \$ 140.00	4's M-Th AM _____ \$ 170.00	4/5's AM _____ \$ 180.00	4 or 5's All Day _____ \$ 310.00
2's MWF AM _____ \$ 155.00	3's Tu/Th PM _____ \$ 140.00	4's M-Th PM _____ \$ 170.00	4/5's PM _____ \$ 180.00	NEW! 5's Tu/Wed/Th All day _____ \$ 210.00
	3's MWF AM _____ \$ 155.00	4's M- F AM _____ \$ 180.00	<u>MUST BE 4 by 3.1.19</u>	5 years old or signed off by their current teacher/ director
	3's MWF PM _____ \$ 155.00			

Your child's age on Sept 1st determines class eligibility, as mandated by state law for classroom ratios. Spots can not be held without deposit, and they are first come first serve.

All students must be potty trained if they are not in the 2's.

We follow NACS's for all school delays and closings. Built in days will be used as flex time, and only 1 for every 5 additional make up days will be added onto the end of the school year. Preschool School year- Sept 3 to May 17

Family Information

Child's Name _____ Nickname: _____ M / F

Phone # _____ Age on Sept 1st _____ DOB ____/____/____

Address: _____

Parent/Guardian's Name: _____ Lives with Y/N

Place of Employment: _____ Home Church: _____

Personal Phone: _____ Work # _____

Email Address: _____ Married to other guardian below ? Y/N

Parent/Guardian's Name: _____ Lives with Y/N

Place of Employment: _____ Home Church: _____

Personal Phone: _____ Work # _____

Email Address: _____

Health / Developmental Background

Are you aware that your child has any of the following?:

___ Allergies ___ Auditory Disabilities ___ Health Concerns ___ Learning Disabilities ___ Speech Disabilities
___ Vision Concerns

If so, please explain: _____

Is your child potty trained? _____ (Required for all classes except the 2 year old programs)

Are you willing/able to carpool?: _____

If yes, do we have permission to give your phone number to a parent looking for help with transportation?: _____

How did you hear about Lifehouse Preschool?:

If Applicable: Name & # of Childcare provider: _____

Has your child attended Preschool/Daycare Previously? Where? How long?

Registration Agreement

By signing below, I agree to the following:

1. Payment of the Registration Fee is non-refundable
2. Tuition is due by the 10th of each month. (15.00 late payments)
3. I will keep my child home if they are displaying signs of communicable diseases.
4. My child will be picked up promptly at the end of their class session.

Signature: _____ Date: ____/____/____

Invoice me on Curacubby (current enrolled students only) Y/N

For Office Use only

Check #: _____ Curacubby: _____ Date Rec'd: _____ Initials: _____