



<b>FOR OFFICE USE</b>
Registration Form Received: _____
Registration Amount Received: _____
Age: _____
Class: _____
Immunization Record Received: _____

**Ardmore Baptist Preschool  
Registration Form  
2017-2018**

Please return to Ardmore Baptist Preschool or mail to: 501 Miller St. Winston-Salem, NC 27103  
Checks are to be made payable to Ardmore Baptist Preschool. **The Registration Fee/Activity Fee is Non-refundable.**

Applying for school year: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of August 31, 2017: Years \_\_\_\_ Months \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home E-Mail Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Faith Preference/Church Affiliation \_\_\_\_\_

**Family Information**

Parents' Marital Status: Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

Child's Primary Custodian: Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address/Home Phone (if different from child): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address/Home Phone (if different from child) : \_\_\_\_\_

Previous Preschool Experience \_\_\_\_\_

Siblings? If so, please list names, ages, and school(s) they attend:

**Emergency Contacts/Release Authorization**

Please list the name and telephone number(s) of at least three local people that will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Choice #1:

\_\_\_\_\_

Choice #2:

\_\_\_\_\_

Choice #3:

\_\_\_\_\_

In addition to the child's parents, please list the names of adults who are allowed to pick up your child:

*Help us ensure that your child is sent home safely. We may not recognize all the important adults in your child's life. Please tell all contact/release people that they may be asked to provide photo identification.*

**Medical Information**

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Does your child have any allergies or medical conditions that we should be aware of? *(Please describe)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Newly enrolled preschool families must provide a copy of child's immunization record. Current students may update their record on file as necessary.*

***Consent for Medical Treatment***

I, the undersigned, give permission for the Director, staff or persons working on behalf of Ardmore Baptist Preschool to act in my absence or in emergency situations to obtain medical treatment for my child, \_\_\_\_\_ . I agree to accept full responsibility for the payment of all ambulance, hospital and physician's bills and charges for services rendered.

\_\_\_\_\_  
*(Signature of Parent/Guardian)*

\_\_\_\_\_  
*(Date)*

**Media Release**

We love to see your preschooler in action! Occasionally, we take photos and video. We like to use these images in our slideshows, newsletters, on our web site, **Facebook Page** or in any other media, please sign below granting your permission to use your child's photograph.

Yes, you may take my child's photograph *(Signature of Parent/Guardian)* \_\_\_\_\_ Date \_\_\_\_\_

No, you may not take my child's photograph *(Signature of Parent/Guardian)* \_\_\_\_\_ Date \_\_\_\_\_

Special Note \_\_\_\_\_

**Class Information (Please Mark Preference)**

\_\_\_\_\_ Infant Class (3 months by August 31<sup>st</sup>, 2017) \_\_\_\_\_ MWF \_\_\_\_\_ T/Th \_\_\_\_\_ M-F

Children in the infant's class may be promoted to the Toddler class as the year progresses if space is available.

\_\_\_\_\_ Ones (walking and One by August 31<sup>st</sup>, 2017) \_\_\_\_\_ MWF \_\_\_\_\_ T/TH \_\_\_\_\_ M-F

\_\_\_\_\_ Twos (Two by August 31<sup>st</sup>, 2017) \_\_\_\_\_ MWF \_\_\_\_\_ T/Th \_\_\_\_\_ M-F

\_\_\_\_\_ Threes (Three by August 31<sup>st</sup>, 2017) \_\_\_\_\_ MWF \_\_\_\_\_ T/Th \_\_\_\_\_ M-F

\_\_\_\_\_ Older Threes/Young Fours (Four by May, 2017) \_\_\_\_\_ MWF \_\_\_\_\_ T/Th \_\_\_\_\_ M-F

\_\_\_\_\_ Pre-K (Four by August 31<sup>st</sup>, 2017) going to Kindergarten in 2018 \_\_\_\_\_ MWF \_\_\_\_\_ T/Th \_\_\_\_\_ M-F

If you would like four days or to request days that are not listed above, please list your request in the space below. Special Request will be granted if space allows. Thank you

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**Ardmore Baptist Preschool Tuition Rates  
2017-2018**

Class	Registration Fee	Activity Fee	Daily Drop In Care	2 days	3 days	4 days	5 days
Infants	\$85	NA	\$25	\$180	\$215	\$285	\$345
Toddlers	\$85	\$50	\$25	\$180	\$215	\$285	\$345
Twos	\$85	\$50	NA	\$180	\$215	\$285	\$345
Threes	\$85	\$50	NA	\$180	\$215	\$250	\$270
Older Threes/ Young Fours	\$85	\$50	NA	\$180	\$215	\$250	\$270
Pre-K	\$85	\$50	NA	\$180	\$215	\$250	\$270

There is a \$270 registration ceiling to families with three or more children.

Tuition is due on the first of the month. September's tuition will be due on September 1<sup>st</sup>. A late fee of \$30 will be charged for tuition paid after the 10<sup>th</sup>.

Application for enrollment and registration/activity fee must be submitted to register your child. Please make checks payable to Ardmore Baptist Preschool. Ardmore Baptist Preschool uses the NC School Board of Education cut-off date of August 31 with all classes (except infants). All children registering must be class age on or by August 31. Tuition is based on the 2017-2018 calendar and is divided into nine monthly payments.