

**AQUIA HARBOUR PRESCHOOL  
REGISTRATION FORM**

School Year: 2009-2010



*For Office Use Only:*

Registration Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

\* Please complete this form in its entirety. Write N/A if it is Not Applicable. Do not leave anything blank.\*

**STUDENT INFORMATION**

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

Parent(s)/Guardian Name: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Child's Home Phone: \_\_\_\_\_

Child's Gender: Male Female Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

List Any Allergies or Food Intolerance: \_\_\_\_\_

List Any Chronic Physical Problems: \_\_\_\_\_

Person(s) Authorized to pick up your Child (ID required): \_\_\_\_\_

Person(s) NOT Authorized to pick up your Child: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Mother/Father Deceased

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

**Father/Legal Guardian** Employment: \_\_\_\_\_

Home Address/Phone (if different than Child's) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother/Legal Guardian** Employment: \_\_\_\_\_

Home Address/Phone (if different than Child's) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's E-Mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

We are *required by law* to have on file 2 local people (other than parents) who can be notified in an emergency.

Name	Best Contact Phone	Complete Address	Relationship to Child
1)			
2)			

**TUITION AND FEES**

A Non-Refundable Registration Fee of \$50 (per student) is payable at the time of Registration.  
 A Co-op Fee of \$120 (per family) is due in August at Orientation prior to the start of school.  
 A Supply Fee of \$30 (per student) is due in August at Orientation prior to the start of school.  
 Non-Residents of Aquia Harbour must also purchase an annual Car Decal from the AHPOA Business Office.  
 \* Please be advised that your selection below is a preference only. We will do our best to be accommodating.\*

<u>3AM Class</u>	<u>3PM Class</u>	<u>4AM Class</u>	<u>4PM Class</u>
T/Th 9:00AM-12:00	T/Th 12:30PM-3:30	M/W/F 9:00AM-12:00	M/W/F 12:30PM-3:30
\$95 per month	\$95 per month	\$110 per month	\$110 per month

All Fees are subject to change. All students must turn 3 (or 4) prior to September 30<sup>th</sup>.  
 Your child is *required* to be potty trained.

**AGREEMENTS**

Please read and initial beside each statement.

- I am aware that I will be charged a fee for Late Tuition Payments.
- I am aware that I will be charged a fee (paid directly to the teachers) for Late Pick Ups.
- I am aware that non-residents of Aquia Harbour must purchase a Car Decal through the AHPOA.
- AHPS agrees to notify the Parent/Guardian whenever the child becomes ill and the Parent/Guardian will arrange to have the child picked up as soon as possible.
- The Parent/Guardian authorizes AHPS Staff to obtain immediate medical care if an emergency occurs when he/she cannot be located immediately. *See Authorization for Treatment Form.*
- If there are any custodial restrictions on who may pick up your child, the proper legal documents must be kept on file at the preschool. These records will be kept confidential.
- The Parent/Guardian will notify AHPS if anyone in their immediate family, including the attending child, has a communicable disease.

**REQUIRED FORMS AND FEES**

- 1) See Tuition and Fees above.
- 2) An AHPS Board of Directors Member must witness original Birth Certificate.
- 3) State Medical Form. Your child's doctor must complete this form.
- 4) Child's updated Immunization Record.

**Parent/Guardian Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BOD Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_