

**First Presbyterian Preschool**  
900 Greensboro Avenue; Tuscaloosa, AL 35401  
(205) 758-3223

**2010-2011 REGISTRATION APPLICATION**

Child's Name \_\_\_\_\_ Goes by \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on 9/2/10 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Names and ages of other children \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail Address: \_\_\_\_\_; E-mail Address: \_\_\_\_\_

Family Church \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Persons IN TOWN (other than parents) to call in event of accident or illness at school:

\_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

\_\_\_\_\_ Phone \_\_\_\_\_  
(Name)

Do we have your permission to call your physician if we cannot reach parents?

\_\_\_\_\_

Please tell us more about your child including likes, dislikes, fears, pets, and comfort items, etc. so that we may make your child feel as "at home" as possible:

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

What do you hope your child will gain from this school? \_\_\_\_\_

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

Other comments or information you would like to share: \_\_\_\_\_

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

The following people are authorized to pick-up my child from  
First Presbyterian Preschool:

Name	Phone Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Check age-group of child. Class availability is subject to space and enrollment demands. Age guidelines may flex to accommodate high numbers of children at a particular age level.

CLASS \_\_\_\_\_ Age by 9/2/10

WEETOTS\*

\_\_\_\_\_ 6 weeks - 6 months Must be 6 weeks by 9/2/10

\_\_\_\_\_ 6 months - 12 months Must be 6 mos. by 9/2/10

\_\_\_\_\_ 12 months - 18 months Must be 12 mos. by 9/2/10

\_\_\_\_\_ 18 months - 24 months Must be 18 mos. by 9/2/10

TERRIFIC TWO's

Must be 2 by 9/2/10

\_\_\_\_\_ M - F (a.m. or p.m. only - circle one)

\_\_\_\_\_ M-F (full-day)

TIP TOP THREES

Must be 3 by 9/2/10\*\*

\_\_\_\_\_ M-F (a.m. or p.m. only - circle one)

\_\_\_\_\_ M-F (all day)

FABULOUS FOURS

Must be 4 by 9/2/10\*\*

\_\_\_\_\_ M-F (a.m. or p.m. only - circle one)

\_\_\_\_\_ M-F (all day)

\*Part time enrollment is ONLY AVAILABE FOR CHILDREN AGES 2 AND UP.

\*\*Children ages 3 years and older are expected to be familiar with the toileting process prior to entering the classroom. Because the environment is not designed for diaper changing, children will be unable to attend 3 and 4-year old classrooms in diapers and/or pull-ups.

PLEASE ATTACH A REGISTRATION FEE OF \$40.00 OR WAIT LIST FEE OF \$20.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## TUITION SCHEDULE

Monthly rate: Full-Day (7:15 a.m. - 5:30 p.m.)

<b>Weetots</b>	(Up to age 3) Five Days (M-F)	\$485
<b>Threes</b>	All Week	\$465
<b>Fours</b>	All Week	\$445

### Monthly Rate Per Session (Children 2 years and up):

<b>Morning</b>	(7:15-12:30)	\$300
<b>Afternoon</b>	(12:30-5:30)	\$225

### Additional Fees:

Curriculum Fee*	\$35.00/term
Wait List Fee (non-refundable)**	\$20.00
Registration Fee (non-refundable)***	\$40.00/year
Afternoon Drop-In Fee (12:30 – 5:30)	\$25.00/day
Late Pick-up Fee****	\$1.00/minute
Tuition Late Fee (After 10 <sup>th</sup> )	\$5.00/day

\*Fall & Spring terms; \$20.00 for Summer Term

\*\*Paid by students on wait list; if accepted applies toward Registration Fee

\*\*\*Paid by students who have been admitted to program

\*\*\*\*Applies to students who are picked up after 12:30 if they are registered only for the morning session and students who are picked up after 5:30