

# Rehobeth Preschool Registration Form

Fall 2018

Send completed form to: Rehobeth Preschool 4475 Rehobeth Church Road Greensboro, NC 27406

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_  
*Street City Zip*

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Email Address for Preschool Communications: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Medical Needs: \_\_\_\_\_

**EMERGENCY CONTACT:** (Place in order to be contacted)

1. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

2. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

Persons authorized to pick up your child besides parents/guardians:

1. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

2. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

Please indicate desired class:      Please indicate number of desired days and times (indicate 1<sup>st</sup> and 2<sup>nd</sup> choice)

\_\_\_\_\_ 2-year class      \_\_\_\_\_ 2 days 9am-12pm    \$130/month      \_\_\_\_\_ 9am-1pm    \$175/month

\_\_\_\_\_ 3-year class      \_\_\_\_\_ 3 days 9am-12pm    \$155/month      \_\_\_\_\_ 9am-1pm    \$205/month

\_\_\_\_\_ 4-year class      \_\_\_\_\_ 4 days 9am-12pm    \$165/month      \_\_\_\_\_ 9am-1pm    \$245/month

\_\_\_\_\_ 5 days 9am-12pm    \$185/month      \_\_\_\_\_ 9am-1pm    \$285/month

**Registration fee: New or returning student - \$75    2<sup>nd</sup> child in family - \$55**

**2<sup>nd</sup> child in the family receives 25% discount off the lowest tuition price**

**Please return this form with registration fee & 1 month's tuition to enroll your child in our program.**

**Registration fees are non-refundable. Checks should be made to Rehobeth Preschool.**

Monthly tuition is due 1<sup>st</sup> of the month. A \$10 late fee will be added for payments received on/after the 15<sup>th</sup> of the month.

Parents are expected to assume financial responsibility for the child the entire year except in the case of withdrawal.

Two weeks' notice is required for withdrawal.

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

Office Use Only Date Sent: \_\_\_\_\_ Reg Fee: \_\_\_\_\_ Conf. Letter: \_\_\_\_\_ Month advance: \_\_\_\_\_