

CHESTNUT GROVE PRESCHOOL APPLICATION

I would like to enroll my child, _____
 First Middle Last (name child prefers)
in the following Chestnut Grove preschool program for the _____ school year:

_____ 3-year-old class - Monday through Friday (must be 3 by September 30 and toilet trained)

_____ 3-year-old class - Tuesday, Thursday & Friday (must be 3 by September 30 and toilet trained)

_____ Pre-kindergarten class - Monday through Friday (must be 4 by September 30)

_____ Pre-kindergarten class - Tuesday, Thursday & Friday (must be 4 by September 30)

I would also like to enroll my child in:

_____ Before-School Care (8:00 – 9:00 am)*

_____ After-School Care (12:30 – 2:00 pm)* * Available subject to sufficient enrollment

Before-School Care and After-School Care may be added (space provided) at any time, or may be utilized on an as-needed basis. Please see the Chestnut Grove Preschool Handbook for more information and fee schedule.

His/her birth date is: / /
 Month Day Year

Parent names: _____

Address: _____

Phone numbers: Home: _____ Cell: _____

E-mail address: _____

Church affiliation (if any): _____

Name of previous preschool or child care facility attended (if any): _____

Chestnut Grove Preschool will not administer any prescription or non-prescription medications, except in emergency situations which require the use of an Epipen or Inhaler. Please read the Health Issues section in the Chestnut Grove Parent Handbook for details. You will be asked to sign an Administration of Medication Policy Form stating that you understand this policy.

I have included a non-refundable \$50 deposit. Once my child is accepted into the program I will receive an Enrollment Form and Administration of Medication Policy Form, which should be returned with a deposit of one month's tuition. This tuition will be applied to May 2018 fees and will be non-refundable after May 31, 2017. The fee for a three-day program is \$ 235 per month. The fee for a five-day program is \$315 per month. **I understand that my child's enrollment is not guaranteed until I have returned the Enrollment Form, Administration of Medication Policy Form and fees.**

Parent/Legal Guardian Signature:

_____ Date: _____

If you have any questions please call the Preschool Director at 434-978-3819

How did you learn about Chestnut Grove Preschool? _____