



# ADAMS FARM COMMUNITY CHURCH

## *Adams Farm Christian Preschool Student Registration 2010-2011 School Year*

### *-Class Options-*

**Registration Fee:**

\$75 First Child  
\$70 Second Child Same Family  
Non-Refundable

**Monthly Tuition Rate:**

2-Day: \$105    5-Day: \$170  
3-Day: \$140    Pre-K: \$175

***First Tuition payment due 8/1/2010. Last Tuition payment due 4/2011.***

*Indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice below.  
Child must be specified age for the requested class by August 31, 2010.*

**18 mnths-2-Year Olds**

\_\_\_ 2-day: W/F  
\_\_\_ 2-day: T/TH

**3-Year Olds**

\_\_\_ 2-day: T/TH  
\_\_\_ 3-day: M/W/F

**4-Year Olds**

\_\_\_ 3-day M/W/F  
\_\_\_ 5-day M-F

**Pre-Kindergarten**

\_\_\_ 5-day M-F

### *-General Student Information-*

Child's Full Name: \_\_\_\_\_ Name Used \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

### *-General Medical Information-*

*A current Immunization Record is required by the first day of school.*

Please list any medical conditions (i.e. allergies), medications, limitations or other health-related concerns of which the staff should be aware: \_\_\_\_\_

\_\_\_\_\_

Are there any activities in which your child should not participate? Please explain.

\_\_\_\_\_

***-Parent/Guardian Information-***

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

**Home Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

\_\_\_\_\_

**Occupation/Co.:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

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

**Home Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

\_\_\_\_\_

**Occupation/Co.:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Siblings: (Names and Ages)** \_\_\_\_\_

***-Emergency & Authorized Contacts-***

*Please list individuals to be contacted in case of an emergency. Staff will attempt to contact parents/guardians first.*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

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

Please list individuals authorized to drop-off/pick-up your child at Preschool:

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

*Please provide an additional sheet if there are additional contacts.*

*Adams Farm Christian Preschool  
Student Registration 2010-2011 School Year*

*-Getting to Know You-  
Please help us get to know your child better.*

Your child's favorite:

Play Activity: \_\_\_\_\_ Food: \_\_\_\_\_

Family Activity: \_\_\_\_\_ Toy: \_\_\_\_\_

Book/Story: \_\_\_\_\_ Character: \_\_\_\_\_

Does s/he have any habits? \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If yes, what type(s) and their name(s): \_\_\_\_\_

Your child sleeps (hours/night): \_\_\_\_\_ Naps (length) \_\_\_\_\_

List any fears: \_\_\_\_\_

Preferred activities: \_\_\_\_\_

Does your child attend church or Sunday School? \_\_\_\_\_

List other preschools, playgroups or programs with which your child has been involved and describe your experience:

\_\_\_\_\_

\_\_\_\_\_

Your child wears: Diapers \_\_\_\_\_ Pull-Ups \_\_\_\_\_ Regular Pants \_\_\_\_\_

Have you started potty training? \_\_\_\_ If no, has s/he shown an interest in training? \_\_\_\_

Please let us know any specifics regarding potty use: \_\_\_\_\_

Please list what you consider the most important aspects of placing your child in preschool. \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs?

*In consideration of Adams Farm Christian Preschool (AFCP) accepting my child into the Preschool Program for the 2010-2011 term (September-May), I accept financial responsibility for my child's fees. I understand that tuition is due by the 5<sup>th</sup> of each month and will incur a late fee if not submitted by that time; continued non-payment may result in dismissal from the Program. In case I do need to remove my child from the program, I will give two weeks notice or pay for that time. I also understand that AFCP utilizes a curriculum based on Christian Biblical principles and that my child will be attending Chapel.*

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Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*AFCP is operated as an educational Preschool institution for the benefit of families of Southwest Guilford County.  
Students are admitted without regard to race, color or ethnic origins.*

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***-Office Use Only-***

\_\_\_\_\_ Enrollment form and fee received. Date \_\_\_\_\_ Check Number \_\_\_\_\_

\_\_\_\_\_ Immunization records received. Date \_\_\_\_\_.

\_\_\_\_\_ Emergency release form received.

\_\_\_\_\_ Class directory release form received.

\_\_\_\_\_ Photo consent release form received.

Director's Notes: