

Class

2012-2013

**APPLICATION FOR ENROLLMENT
AROUND THE SON PRESCHOOL
1984 Hendersonville Road, P. O. Box 697
Skyland, NC 28776**

Phone: 828-684-2645
E-mail: aroundtheson@bellsouth.net
Website: www.aroundthesonpreschool.com

Child's Name _____
(Last) (First) (Middle) (Nickname)

Address _____
(Street) (City) (State) (Zip Code)

Age of Child _____ Birth date _____ Circle One: Male/Female Home Phone _____

E-mail Address: _____

Family Information

Father's Name _____ Home Phone _____

Address (if different) _____
(Street) (City) (State) (Zip)

Where Employed _____

Business Phone # _____ Cell Phone # _____

Mother's Name _____ Home Phone _____

Address (if different) _____
(Street) (City) (State) (Zip)

Where Employed _____

Business Phone # _____ Cell Phone # _____

If child is not living in home of parents – name of responsible adult

Name _____ Home Phone # _____

Address _____
(Street) (City) (State) (Zip)

Where Employed _____

Business Phone # _____ Cell Phone # _____

List Siblings and other significant persons in child's life _____

Church Affiliation _____

Did your child attend a school last year? Yes _____ No _____

If yes, where? _____

Around the Son Preschool Emergency Information

Doctor _____ Office Phone # _____

Office Address _____

Dentist _____ Office Phone # _____

Office Address _____

Hospital Preference _____

In case of an emergency, if a parent (or guardian) cannot be contacted, please call

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

In the event of an illness or accident which requires immediate medical treatment at a time when a parent/legal guardian cannot be located, I give permission for Around The Son Pre-School or other center personnel designated by the director, to provide emergency care in the event that neither the family physician nor I can be contacted immediately. I will not hold the center or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Signed _____ Date _____
(Parent or legal guardian)

Release Information

Please give the names of persons to whom your child can be released to in the event you cannot be at the preschool during dismissal time.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Student Information

Does your child have any known allergies (such as food, animals, dust, drugs, plants, etc.) If yes, please describe in detail _____

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as special likes/dislikes, play, eating, sleeping habits, fears).

For Office Use Only

Date Application Received _____ Registration Fee Paid _____ cash/check # _____ Class _____
Medical Form On file Y/N Orientation Letter Sent _____
Discounts: Staff _____ Church Member _____ Sibling _____ Scholarship _____ Total Tuition _____

Enrollment Information

Class Attending and Tuition Fees

Select Class

Monthly Tuition

| | |
|--|--------------------|
| _____ 18 - 24 months (Tues./Thurs.) | \$180.00 per month |
| _____ Two-Year-Old Class (Tues. & Thurs.) | \$185.00 per month |
| _____ Two-Year-Old Class (Mon. & Wed.) | \$185.00 per month |
| _____ Three-Year-Old Class (Mon./Wed./Fri.) | \$225.00 per month |
| _____ Three-Year-Old Class (Mon.-Thurs.) | \$250.00 per month |
| _____ Four-Year-Old Class (Mon.- Fri.) | \$265.00 per month |
| _____ Transitional Kindergarten (Mon.- Fri.) | \$280.00 per month |

Registration Fee: \$80.00 (Must accompany this application. Non-refundable)

Parent Consent Information

Student Directory

Around the Son Preschool provides families with an annual student directory. The directory contains an alphabetical listing including the name, address, phone number, and email address of all children by class. This directory is for the students, parents, and teachers of Around the Son Preschool and is not to be distributed outside the school community, nor used for any commercial purposes. If you would like your child(ren)'s contact information listed in the Student Directory, please sign below.

Yes _____ Yes, but not my _____ No, please do not include me. _____

Parent Signature _____ Date _____

Photography Release Information

Photographs are occasionally made by the staff to be used for programs, promotional and educational purposes. Unless specific written permission is obtained from the parent or legal guardian, children's names will never be used nor is any other confidential information shared.

I give my permission for my child to be included in photographs taken at Around the Son Preschool.

Parent Signature _____ Date _____

Philosophy

Around the Son Preschool is a preschool that strives to adopt the ideal “Community” as one of its primary missions. In all aspects of our program, we seek to assist our students toward an appropriate level of development in spiritual, emotional, intellectual and physical areas.

Around the Son Preschool strives to contribute to the development of each student and to assist parents in carrying out the responsibilities which are theirs in the formation and education of their children. Our goal is to provide a well-balanced and integrated curriculum for the education of the whole child. We seek to provide a learning environment that will enable each student to achieve his/her maximum potential in preparation for school today.

General Information

1. Classes are in session 9:00 a.m.- 1:00 p.m.
2. Children attending ATSP must be of age by August 31st of the school year.
3. Children may leave school only with individuals specified on the enrollment application. It is our policy that anyone not known by the preschool staff must show a valid driver's license. Changes to your release information must be made with the director.
4. ATSP follows the Buncombe County School schedule for holidays and inclement weather.
5. Parents are to provide lunch and snack for their children.
6. Children with food allergies or medical conditions that require treatment during preschool hours need to have a medical action plan completed and on file in the office.
7. In consideration of all the children and teachers, please keep your child at home if they have a fever, diarrhea, upset stomach, uncontrollable cough, or heavy or persistent nasal discharge. Our policy is that your child should not return to school until they are symptom free for 24hrs.
8. Please dress your child for comfort and for the weather. For easy identification, please write your child's name on all items of clothing and personal belongings.
9. Our discipline policy is to use positive reinforcement and redirection.
10. If you will be late picking up your child, please call the preschool office at 684-2645.
11. Scholarships are available based on financial need through the Lamb Fund.