

**APPLICATION FOR ENROLLMENT
AROUND THE SON PRESCHOOL
1984 Hendersonville Road
Asheville, NC 28803**

Phone: 828-684-2645 Email: aroundtheson@skylandumc.com website: www.aroundthesonpreschool.com

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

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

Age of Child _____ Date of Birth _____ Circle One: Male Female

Are your child's immunizations current per CDC requirements: Yes _____ No _____ New Students(HA and IR due by August 31st)

Class Enrollment Information

Please Select Class

Monthly Tuition Fees (September-May) and Registration Fees

_____ Two-Year-Old (2 day T & TH)	\$250.00 per month
_____ Two-Year-Old (3 day M/W/F)	\$290.00 per month
_____ Two-Year-Old (5 Day Mon-Fri.)	\$330.00 per month
_____ 2Y Registration Fee	\$80.00 (Due at time of registration & non-refundable)
_____ Three-Year-Old (3 day T/W/TH)	\$290.00 per month
_____ Three-Year-Old (5 day Mon-Fri.)	\$330.00 per month
_____ 3Y Registration Fee	\$100.00 (Due at time of registration & non-refundable)
_____ Four-Year-Old (5 day Mon- Fri.)	\$330.00 per month
_____ 4Y Registration Fee	\$100.00 (Due at time of registration & non-refundable)
_____ Transitional Kindergarten (Mon- Fri)	\$340.00 per month
_____ TK Registration Fee	\$120.00 (Due at time of registration & non-refundable)

Student Information

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

Please share additional information that would help us to best serve your child. (fears, special health or developmental concerns)

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 information shared.

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

Parent Signature: _____ Date: _____

Family Information

Father/Guardian's Name _____ Cell Phone # _____

Email Address: _____ Where Employed: _____

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

Mother/Guardian's Name _____ Cell Phone # _____

Email Address: _____ Where Employed: _____

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

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

Church Affiliation: _____

Emergency Information

Doctor _____ Office Phone # _____

Dentist _____ Office Phone # _____

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 Preschool to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

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 # _____