

**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 31<sup>st</sup>)

---

**Class Enrollment Information**  
**Registration Fee of \$125.00 is due at time of registration and is non-refundable**  
**Preschool Hours 8:30-12:30**

**Please Select Class**

**Monthly Tuition Fees (September-May)**

_____ Two-Year-Old (2 day T & TH)	\$280.00 per month
_____ Two-Year-Old (3 day T/W/TH)	\$330.00 per month
_____ Two-Year-Old (5 Day Mon-Fri.)	\$390.00 per month
_____ Three-Year-Old (3 day T/W/TH)	\$330.00 per month
_____ Three-Year-Old (5 day Mon-Fri.)	\$390.00 per month
_____ Four-Year-Old (5 day Mon- Fri.)	\$390.00 per month
_____ Transitional Kindergarten (Mon- Fri)	\$400.00 per month

**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 # \_\_\_\_\_