

First Presbyterian Church Weekday School Application Form 2017-18

For Office Use Only

Date: _____
Check Number: _____

Child's name: _____
(last) (first) (middle) (name called)

Child's date of birth: _____ Child's gender: Female ___ Male ___

- Updated immunizations are **required** for your child to enroll. Are your child's immunizations up to date for your child's age? Yes ___ No ___
- An Allergy Action Plan form must be completed for food allergies and epi-pen usage. Forms found at <http://wds.firstpres-charlotte.org/forms.php>
 - Does your child have a food allergy? Yes ___ No ___

FAMILY INFORMATION

Mother's Name _____ Mother's email address _____

Mother's Phones: cell _____ work _____

Mother's Employer _____

Father's name _____ Father's email address _____

Father's Phones: cell _____ work _____

Father's Employer _____

Home Address _____ Zip Code _____

Member of First Presbyterian? Yes ___ No ___ Other Church? _____

Names and birthdates of siblings:

CLASS PREFERENCES

Indicate class preferences for the next school year (1, 2, 3, and 4). We cannot guarantee that you will receive your preferred choice.

TODDLERS

Two Days

M/W _____

T/Th _____

Three Days

M/W/F _____

TWOS

Two Days

T/Th _____

Three Days

M/W/F _____

T/Th/F _____

Five Days

M-F _____

Parent Signature _____

THREES

Three Days

M/T/W _____

Five Days

M-F _____

FOURS

Five Days

M-F _____

TRANSITIONAL KINDERGARTEN

Five Days

M-F _____

REGISTRATION FEE

A registration fee must accompany this form. Make checks payable to First Presbyterian Church WDS.

- First Presbyterian Church Members: \$100.00
- Non-members: \$130.00

First Presbyterian Church Weekday School

School Policies and Parent Agreement Form

2017-18

Child's name: _____

ENROLLMENT PROCEDURES

1. The registration fee is due when the child is registered and must accompany the application form.
2. If a child is not admitted during the registration period, the registration fee will be returned and the child will be placed on the wait list.
3. After your child has been admitted, the registration fee is non-refundable regardless of your decision to accept the space.
4. Enrollment forms for 2017-2018 will be distributed to parents in March and will be due to the school by **April 1**.
5. A second school packet with classroom assignments and the Get Acquainted schedule will be distributed in August.
6. Parents' contact information will be included in the Parent Handbook in September unless we are notified in writing to the contrary with your application. This information will only be available to enrolled families.

PAYMENT OF FEES

1. An advance tuition payment is required to reserve your child's space and will be applied to the last two months of tuition for the next school year (April 2018 and May 2018). This advance payment may be paid in full by April 1 or made in two payments, on April 1 and May 1.
 - The advance payment is nonrefundable.
 - If the advance payment is not made by May 1, the child's space in the Weekday School will be released.
2. Tuition payments will be accepted through Tuition Express, an automatic draft from a checking or savings account, on the 5th and/or 20th of each month. If you are not currently enrolled in Tuition Express, please fill out a Tuition Express form and submit a voided check. Forms may be found at wds.firstpres-charlotte.org/forms.php
3. Activity Fees for children in the 3's, 4's, and TK classes are due in full by September along with the tuition payment.
4. Monthly fees are payable in full, regardless of absenteeism, holidays, snow days, or withdrawal date. If a child enrolls after the first of any month, that month's tuition will be prorated.
5. All fees from the current school year must be paid in full by June 1.

WITHDRAWAL

- The budget of the Weekday School is dependent upon the tuition of each child for nine months. Therefore, please be reminded that you have a financial responsibility to the school for the entire school year.
- The Director of the Weekday School must be notified in writing one month in advance of withdrawal of a child.

HEALTH AGREEMENT

1. Prior to enrollment, discuss with the Director any special health needs of your child.
2. Submit the Medical Form signed by the child's doctor by August 15th.
3. Submit an updated record of your child's immunizations.
4. Keep the child at home when illness occurs.
5. Notify the school if the child is ill with a communicable disease.
6. Report any allergies on the Allergy Action Plan.

I have read, understand, and agree to abide by these school policies.

Parent Signature _____

Date _____