2024-2025 Class registering for: Age _____ Days _____

ALBEMARLE ROAD PRESBYTERIAN CHURCH WEEKDAY SCHOOL

6740 Albemarle Road
PO Box 25903
Charlotte, NC 28229-5903
704-536-3384
weekdayschool@arpres.org

Please print in black ink.

Name of Child _____
(First) (Middle) (Last)

Name you prefer your Child to be called _____ **Male** _____ **Female** _____

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

Child's Date of Birth: Month _____ **Day** _____ **Year** _____

Child's Place of Birth _____

Mother's Name _____ **Employer** _____

Home Phone _____ **Business Phone** _____

Cell Phone _____ **Email address** _____

Father's Name _____ **Employer** _____

Home Phone _____ **Business Phone** _____

Cell Phone _____ **Email address** _____

Marital status of parents _____ **Religious Affiliation/Church:** _____

Father/Mother's address if different from child's _____

Emergency contact/authorized to pick up: Be sure that the people you list are notified that they may be called.

Name _____ **Phone** _____ **Relationship** _____

Name _____ **Phone** _____ **Relationship** _____

Pediatrician _____ **Phone** _____

Dentist _____ **Phone** _____

Other Children in Family

Brothers _____ **Age** _____ **Sisters** _____ **Age** _____

_____ _____ _____ _____

Other adults living in the home. _____

Does your child have any known allergies? _____ **Is EpiPen required?** _____

If so, please list them. _____

Please list any dietary or medical information _____
Please list any special conditions or disabilities _____

Is your child receiving Speech or therapy services? _____

Does your child dress himself and attend to his own personal needs? _____

Are you aware of any fears or anxieties your child has? _____

Does your child have any problems connected with sleep? _____

What time does your child go to bed at night? _____

What time does your child get up in the morning? _____

Does he take a daily nap? _____ **If so, how long?** _____

Is your child potty trained? _____ **How much of the time?** _____

Does your child attend Church School on Sunday? _____

Name of last preschool attended. _____

What contact does your child have with other children and what age are the children?

_____

Does your child have a pet? _____ **Type and Name:** _____

What are your child's main interests? _____

Does your child enjoy looking at books and having someone read to him? _____

Does your child have any responsibilities around the house or yard? _____

What methods of discipline have you found to be effective with your child? _____

_____

What languages does your child speak or understand? _____

What languages are spoken in the home? _____

What information regarding your child's background would benefit us in understanding your child? _____

Is there any other information which would be beneficial to us in further understanding your child? _____

_____

REGISTRATION FEES

Please complete this application and return the first two pages with the registration fee. Keep this page and the Physician Report (see note at bottom of page).
The registration fees for Fall 2024 are:

$80.00 - One, two, three or five days a week

A space will be reserved for your child when this form and the registration fee are received. The registration fee is non-refundable after June 3, 2024. If you have more than one child to register, you may pay one child's registration fee now, and it will hold the space for your second child.

TUITION INFORMATION

Please write the class you are registering for Fall 2024 on the front of the application.
Your child must be the age you are registering for by August 31, 2024. The tuition fees are monthly.

Two-year classes	**2 days**	**TTH**	**$ 100.00**
	3 days	**MWF**	**$ 140.00**
	5 days	**MTWTHF**	**$ 200.00**
Three-year classes	**2 days**	**TTH**	**$ 100.00**
	3 days	**MWF**	**$ 140.00**
	5 days	**MTWTHF**	**$ 200.00**
Four-year classes	**3 days**	**MWF**	**$ 140.00**
	5 days	**MTWTHF**	**$ 200.00**

All payments are check, cash or money order.
Families with more than one child attending our program are entitled to a 10% reduction on their second child's tuition each month.

EXTENDED SESSION will be $3.00 each day your child stays until 1:30.

PHYSICIAN REPORT

The Physician report attached to the registration form must be turned in by September 2024. A current report is due each year. Request that your child's physician fill out this form at his/her next physical. If your child has recently had his physical, the physician can fill out the form and mail it to the school. The form can be faxed to 704-537-1284.

ALBEMARLE ROAD PRESBYTERIAN CHURCH
WEEKDAY SCHOOL

Parent's Acknowledgment, Consent and Agreement Form

I, the undersigned, parent or legal guardian of _____
do hereby verify that the information on the registration form is correct and agree to conform to the policies established by the Albemarle Road Presbyterian Church Weekday School Board as stated in the handbook. I hereby release and forever discharge Albemarle Road Presbyterian Church, Albemarle Road Presbyterian Church Weekday School, and their officers and employees from any damage or injury which may be incurred by my child while attending the Albemarle Road Presbyterian Church Weekday.

Albemarle Road Presbyterian Weekday School reserves the right to dismiss a child from our program. If a child needs more attention than we can give them, or shows aggressive behavior towards other children/staff, they will not be allowed to remain in our program.

I grant permission for my child to be photographed and/or videotaped during Weekday School events or parties, and for use in craft projects. If I have any concern regarding photography, I will address this concern with the Weekday School Director.

I agree to:
1. Discuss with the Weekday School Director any special needs or problems my child has or may have (physical, mental, emotional, etc.) prior to enrollment.
2. Present the attached Physician's Report, completed by a doctor, by September 2024.
3. Keep my child at home if any illness or cold symptoms are developing, fever, vomiting or diarrhea in the last 24 hours or if my child is extremely tired.
4. Report immediately the date of development of any contagious disease.
5. Discuss anything concerning my child with the teacher only when my child is not present and when the teacher is not responsible for other children.
6. Read carefully and understand the policies of the Albemarle Road Presbyterian Church Weekday School which are stated in the Parent's Handbook.
7. Make the tuition payments the first week of classes each month. Tuition is the same amount every month, September through May. All tuition payments are non-refundable. The tuition is due whether or not the child is in attendance.

I authorize that my child may be released by Albemarle Road Presbyterian Church Weekday School staff to the following persons:
Name _____ Relationship to child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Home Phone _____ Work Phone _____Cell Phone _____

I, the undersigned, do hereby verify and grant permission that in the event my child, _____ should require emergency medical attention while in the care of ARPC Weekday School staff during school hours, I hereby authorize the staff of Albemarle Road Presbyterian Church Weekday School to procure and /or provide such emergency medical attention for my child. I give consent for any and all treatment deemed necessary by the attending physician. I understand that all costs that may be incurred by such emergency medical attention will be my responsibility. I hereby release ARPC Weekday School and its staff from any legal consequences that might result from such emergency medical attention. This authorization is valid for one year from date of signature unless ARPC Weekday School is otherwise notified in writing.

Child's Physician _____ Office Phone _____
Emergency Room Preference _____
Insurance Company _____ Phone _____

Signature of Parent/Guardian _____ Date _____
Print Parent's Name _____