

# ALBEMARLE ROAD PRESBYTERIAN CHURCH WEEKDAY SCHOOL

6740 Albemarle Road  
P. O. Box 25903  
Charlotte, NC 28229-5903  
704-536-3384

Please print in

black ink.

[weekdayschool@arpres.org](mailto:weekdayschool@arpres.org)

Name of Child \_\_\_\_\_  
(First) (Middle) (Last)

Name you prefer your Child to be called \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (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 \_\_\_\_\_

In case of an emergency or illness during school hours, who are we to notify if we are unable to get in touch with either one of the parents? 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 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? \_\_\_\_\_

\_\_\_\_\_

**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 2018 are:**

**\$70.00 - One, two, or three days a week**

**\$75.00 - 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 1, 2018. 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. The second child's registration must be paid by May 23, 2018.**

**Albemarle Road Presbyterian Church members receive a \$5.00 discount on the registration fee.**

### **TUITION INFORMATION**

**Please write the class you are registering for Fall 2018 on the front of the application.**

**Your child must be the age you are registering for by August 31, 2018. The tuition fees are monthly.**

<b>One year classes</b>	<b>1 day</b>	<b>Wed</b>	<b>\$ 50.00</b>
<b>2 days</b>	<b>TTH</b>	<b>\$ 95.00</b>	
<b>3 days</b>	<b>MWF</b>	<b>\$125.00</b>	

<b>Two year classes</b>	<b>2 days</b>	<b>TTH</b>	<b>\$ 95.00</b>
<b>3 days</b>	<b>MWF</b>	<b>\$125.00</b>	
<b>5 days</b>	<b>MTWTHF</b>	<b>\$185.00</b>	

<b>Three year classes</b>	<b>2 days</b>	<b>TTh</b>	<b>\$ 95.00</b>
<b>3 days</b>	<b>MWF</b>	<b>\$125.00</b>	
<b>5 days</b>	<b>MTWTHF</b>	<b>\$185.00</b>	

<b>Four year classes</b>	<b>3 days</b>	<b>MWF</b>	<b>\$125.00</b>
<b>5 days</b>	<b>MTWTHF</b>	<b>\$185.00</b>	

**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 that your child stays until 1:30.**

### **PHYSICIAN REPORT**

**The Physician report attached to the registration form must be turned in by September 2018. 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.**

**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.

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 2018.
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 thru 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 \_\_\_\_\_

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# CALENDAR

Labor Day Holiday	Monday, September 3, 2018
Open House	Tuesday, September 4, 2018
First Day of Classes	Wednesday, September 5, 2018
Teacher Workday	Wednesday, September 19, 2018
Teacher Workday	Wednesday, October 31, 2018
Veteran's Holiday	Monday, November 12, 2018
Thanksgiving Holidays	Wednesday, Thursday & Friday, November 21-23
Christmas Holidays	Last day of class Tuesday, December 18, 2018
	Classes begin Thursday, January 3, 2019
Teacher Workday	Wednesday, January 2, 2019
Martin Luther King Holiday	Monday, January 21, 2019
Teacher Workday	Tuesday, January 22, 2019
Teacher Workday	Monday, February 18, 2019
Teacher Workday	Friday, March 29, 2019
Easter Holiday	Monday-Friday, April 15-19, 2019
End of the Year and Graduation	Wednesday, May 22, 2019