

Office Use Only
Date Enrolled _____
Received by _____
Registration Fee ____ Check # _____

# Bradley Preschool Registration 2019-2020

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gender: Male / Female Age on August 1<sup>st</sup>, 2019 \_\_\_\_\_  
 Address: \_\_\_\_\_

Primary Contact Information

Name:	Relationship to Child:
Phone:	Secondary #:
Email:	Employer/work hours:
Address if different from child:	

Secondary Contact Information

Name:	Relationship to Child:
Phone:	Secondary #:
Email:	Employer/Work hours:
Address if different from child:	

In addition to the above, the following people are authorized to pick up your child(ren). They may also be contacted in case of emergency if those listed above are unable to be reached. Your child will only be released to those listed on this form. If changes need to be made to this list, please contact the director via email or by sending a note in your child's bucket. Thank you.

Name:	
Relationship to child:	Phone:
Name:	
Relationship to child:	Phone:
Name:	
Relationship to child:	Phone:
Name:	
Relationship to child:	Phone:

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## 2019-2020 Class Options

Please check one

**Student's birth certificate is required to register.**

	Pre-Kindergarten Extended Day Class <ul style="list-style-type: none"> <li>• 9:00 a.m. to 1:00 p.m. Monday, Wednesday, and Friday</li> <li>• 4 years old by August 1<sup>st</sup>, 2019</li> </ul>
	Pre-Kindergarten Class <ul style="list-style-type: none"> <li>• 9:00 a.m. to 12:00 p.m. Monday, Wednesday, and Friday</li> <li>• 4 years old by August 1<sup>st</sup>, 2019</li> </ul>
	Fall 4's Class <ul style="list-style-type: none"> <li>• 9:00 a.m. to 12:00 p.m. Monday, Wednesday, and Friday</li> <li>• 4 years old by January 1<sup>st</sup>, 2020</li> </ul>
	3's Class <ul style="list-style-type: none"> <li>• 9:00 a.m. to 11:30 a.m. Tuesday and Thursday</li> <li>• 3 years old by August 1<sup>st</sup>, 2019</li> </ul>

## Tuition Information

Registration fee of \$70.00 is due with submission of completed registration forms to be enrolled in next year's program. This fee reserves your child's space in the class and is utilized for classroom supply expenses.

Tuition is paid in ten installments due on the FIRST of each month: Aug., Sept., Oct., Nov., Dec., Jan., Feb., Mar., Apr., May. Your first payment needs to be in by Parent Orientation Night on August 8, 2019 before you may schedule your teacher conference.

Class	Hours in Class	10 Installment Payments	Total Yearly Tuition
Pre-K Extended Day	4	\$165.00	\$1,650.00
Pre-Kindergarten	3	\$124.00	\$1,240.00
Fall 4's	3	\$124.00	\$1,240.00
3's	2.5	\$73.50	\$735.00

Completed registration forms and money order or checks made out to Bradley Preschool may be dropped off at the Bradley Preschool Office in room 107, dropped in the blue mailbox outside the Bradley UMC office (inside the main doors), or mailed to:

Bradley Preschool  
 210 West Main Street  
 Greenfield, IN 46140

I AGREE TO THE FOLLOWING CONDITIONS:

- I understand I will be financially responsible for monthly payments to Bradley Preschool. There will be no credit given for illness, vacation, holidays, or snow days.
- I understand payments are due on the FIRST of each month. A late fee of \$20.00 will be assessed if payment has not been made by the FIFTH of each month. If payment has not been made by the EIGHTH of the month, a \$5.00 daily fee will be added until payment is made.
- I understand there is a late fee for picking my child up after the grace period. A warning will be given for the first incident. A late pick-up fee of \$5.00 will be charged thereafter for every 5 minutes.
- Non-payment will result in the student being withdrawn from Bradley Preschool and the account being turned over to a collection agency.

Parent or Legal Guardian Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Getting to Know Your Child

Student's Name/Nickname \_\_\_\_\_

Please list names of adults in child's home: \_\_\_\_\_  
 \_\_\_\_\_

Please list names and ages of siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

What school district will your child attend for kindergarten: \_\_\_\_\_

Please list any other organized activity your child has taken part in (e.g. sports, dance, art):  
 \_\_\_\_\_

**My Child is:** (Please check one)

Able to use the bathroom independently \_\_\_\_\_

In the process of being toilet trained \_\_\_\_\_

In diapers/pulls ups \_\_\_\_\_

How does your child communicate their need to use the restroom?  
 \_\_\_\_\_

Is your child currently receiving special services (speech, physical or occupational therapy, special education)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list what service is your child receiving and where: \_\_\_\_\_  
 \_\_\_\_\_

How would you describe your child? Circle all that apply.

Anxious	Cooperative	Confident	Energetic	Fearful
Follower	Hostile	Insecure	Leader	Loving
Self-reliant	Responsible	Rebellious	Trusting	Quiet
Shy	Helpful	Stubborn	Creative	Mischievous

How did you hear about Bradley Preschool? \_\_\_\_\_

Any Additional information or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_