

Registration for Nixon Preschool

September 2019-May 2020

****A \$30.00 non-refundable registration fee is due at the time of registration. Also, each student must submit a copy of his/her updated immunizations by the Family Orientation Night in August.**

Child’s Name: _____
First
Middle
Last

Birthdate: _____
 Address: _____ (City) _____ (Zip Code) _____
 Phone Number: _____ 2’nd Phone Number: _____
 Father’s Name: _____ Employment: _____
 Mother’s Name: _____ Employment: _____
 E-Mail Address: _____

Siblings’ Names, Birthdates and Schools (if applicable):

Class for which you are registering:
 ___ **3 Year Olds:** Tuesday/Thursday from 9:00-11:30 A.M. @ \$85.00 per month.
 ___ **4 & 5 Year Olds:** Mon./Wed./Friday from 9:00-11:30 @ \$105.00 per month.
 -An afternoon M/W/F class will be considered (with a minimum of 6 students) once the morning class is full. If you are interested in the PM class (if available), please check here: _____

What kinds of activities would you like your child to experience at preschool?

Please list your child’s interests and favorite things:

How did you hear about Nixon Preschool?

Do you give permission for your child to be photographed? These pictures will be used for bulletin boards, projects and our website/Facebook. ____ Yes ____ No

Dismissal Information

Please list anyone who will be able to pick your child up from school. Remember to list carpool drivers, babysitters, grandparents, etc... Your child will not be released to anyone not on the list. If someone needs to be added at a later date, please notify the teacher in writing.

1. _____
2. _____
3. _____
4. _____
5. _____

Emergency Treatment Form

In the event of an emergency, every effort will be made to contact the parents first. In case of a sudden illness or an accident at the school and we are unable to reach the parents, please list the names of 2 people whom we can contact.

1. Name: _____
Relationship to child: _____
Phone Number: _____

2. Name: _____
Relationship to child: _____
Phone Number: _____

Family Physician: _____ Phone Number: _____
Medical Insurance Carrier: _____ ID #: _____

Does your child have any health conditions? (diabetic, heart condition, glasses, ETC?)

Does your child have any dietary restrictions or food allergies?

If my child needs immediate medical attention and the school is unable to contact me, you have my permission to take my child to the emergency room for treatment.

Signature of Parent/Guardian

Date

Tuition Contract for September 2019-May 2020

This is a tuition contract for the 2018-2019 school year. I hereby enroll my child and agree to pay to Nixon Preschool the amounts indicated on the dates given:

1. \$30.00 non-refundable registration fee, payable upon registration.
2. \$80.00 monthly tuition fee for the Tuesday/Thursday program:
9 payments payable August 1, 2019- April 1, 2020 **OR**
\$100.00 monthly tuition fee for the Mon/Wed/Fri program:
9 payments payable August 1, 2019- April 1, 2020

In the event that the payment is NOT received by the 5th of every month, a \$5.00 late fee will be charged. If payment is 3 months late, the student will be faced with expulsion unless a payment plan is made with the Board of Directors. Any check returned will be subjected to a \$20.00 NSF charge.

-Please make checks out to Nixon Preschool.

-There is no adjustment in tuition when a child is absent from school, for school holidays or school cancellations.

This contract is subject to the provisions of the By-Laws of Nixon Preschool and the undersigned agree to be bound by these By-Laws. A copy of the preschool's By-Laws can be made available at your request. This must be signed by the parent/legal guardian of the child. This contract will be kept on file at the preschool.

Signature

Date