

Your child should be at least 3 years old by May 1, 2007 to register for our preschool program. Please indicate a 1st and 2nd choice for your child's enrollment. You will be notified promptly if your child can not be placed in your 1st **choice**. You will receive a mailing during the 3rd week in August concerning teacher assignment and open house times. Two classes are offered during each time period. Older children will be assigned to one classroom, and the younger children will be assigned to the other .

_____Monday, Wednesday, Friday 9:00-11:30 am
_____Tuesday and Thursday 9:00-11:30 am
_____Tuesday and Thursday 12:30-3:00 pm

Tuition for the 2007-2008 preschool year is payable as follows:

3 sessions per week:	-9 monthly payments of \$110	2 sessions per week:	- 9 monthly payments of \$92
	-2 semester payments of \$495		2 semester pymts of \$414
	-1 payment of \$990		-1 payment of \$828

I understand that, for a session to be held, a minimum of 10 students must be enrolled. One licensed teacher and one adult classroom aide will be assigned to each class. The ratio will be one adult per every 8 children.

I hereby grant permission for my child's name, parents' names, address, and phone number to be included in a "class list" that will be distributed to all class members - to be used for arranging car pools to or from preschool, arranging play dates with classmates, etc.

I agree that, if my child is enrolled by the Early Learning Center, I will pay the tuition fee on or before the first school day each month, beginning in September (or the first month of enrollment). I understand that a \$10 late fee will be charged for any monthly tuition not received by the 15th of the month.

I understand that an immunization record filled out completely and a health exam form(signed by a health care provider) must be on file with the ELC before my child attends preschool. I agree to notify the ELC of any change in the information entered on my child's records. I will cooperate with the ELC in carrying out the requirements set for parents.

I agree to notify the ELC 2 weeks in advance - or pay 2 weeks tuition- if I need to withdraw my child during the school year. I understand that any child withdrawn after March 31st will be charged full tuition for the remainder of the school year.

I understand that, after a trial period, the ELC reserves the right to withdraw a child who is unable to function in this program or whose parents do not follow the stated policies of the ELC.

Signed _____(mother or legal guardian) Date _____

Signed _____(father or legal guardian) Date _____

I HEREBY GRANT PERMISSION TO ST. PHILIP'S ELC STAFF TO TAKE WHATEVER STEPS MAY BE NECESSARY TO OBTAIN EMERGENCY MEDICAL CARE, IF WARRANTED. This permission includes administering syrup of ipecac, if recommended by the poison control center.

Signed _____(parent or legal guardian) Date _____

Your child is considered registered for the 2008-2009 preschool year upon receipt of this completed and signed registration form accompanied by a non-refundable \$30 registration fee. Medical forms must be returned prior to the first day of school. Checks may be made out to "St. Philip's ELC". You will be notified promptly if you do NOT receive your first choice class session. Open house mailing will be sent out the 3rd week of August.

Please make a copy of the form for your own records and information.