



Heyward Street Preschool Registration Application

Office Use Only
Room: _____
Start: _____

Child's Name _____ Birthdate _____

Nickname _____ Gender _____

1) Parent Name: _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Employer _____ Phone _____

In case of emergency

Does child live with you: _____ Full time _____ Shared _____

2) Parent Name: _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

Employer _____ Phone _____

In case of emergency

Does child live with you: _____ Full time _____ Shared _____

Emergency Contact

Name: _____ Phone # _____

Relationship to your child: _____

Child's Physician: _____
Name Phone

Child's Dentist: _____
Name Phone

Child's Health Insurance Provider: _____
Name Phone

HSP Registration Continued:

Additional people authorized to pick up your child from school:

Name: _____ Person's driver's license # _____

Name: _____ Person's driver's license # _____

<input type="checkbox"/> Current Immunization Record <i>(Obtained from physician or health clinic)</i>	<input type="checkbox"/> HEC Health Form <i>(Obtained from physician or health clinic)</i>
<input type="checkbox"/> \$90 Registration Fee <i>\$75 each additional family member</i>	<input type="checkbox"/> Handbook Signature Form <i>(Back of Handbook) Sign & Return for our file</i>
<input type="checkbox"/> Supply Fee charged monthly <i>(\$6.25/month per child)</i>	<input type="checkbox"/>

TUITION FOR PRESCHOOL: 2, 3 and 4 year old classes - *Indicate choice with a check mark in the box*

	8:30 am - noon	8:30 – 2:30	8:30 – 4:30
2 Days/week, T/Th	\$ 61.25/week \$260.31/month	Not Available	Not Available
3 Days/week, M/W/F	\$ 70.00/week \$297.50/month	\$ 76.50/week \$325.13/month	\$ 99.60/week \$423.30/month
5 Days/week, M-F	\$ 86.75/week \$368.69/month	\$124.00/week \$527.00/month	\$165.00/week \$701.25/month

Do you prefer to be billed Monthly or Weekly: _____

Each child must bring their own lunch, beverage, and a sleeping mat. Please label all items with your child's name. Sleeping mats should go home on Fridays to be washed. Late Fees for children picked up more than 5 minutes after their scheduled pickup time, will be charged at \$1.00 per minute, per child.

Does your child have any allergies? YES NO If "Yes," please list: _____

Please let us know if your child has any special needs or requirements that we should be aware of in order to provide appropriate support and accommodations. Information provided will be used solely for the purpose of ensuring a safe and inclusive environment and will be treated with strict confidentiality in accordance with applicable laws and regulations. _____

Parent's signature

Date

HSP Registration Continued:

School App - FAMILY

Heyward Street Preschool uses the FAMILY app to document your child's attendance and progress. We also use FAMILY to communicate with you throughout the day and for billing/payments. Once enrolled you will receive a link to download the app on your device. If you would like additional family members/contacts to have access to the app for invoice copies or to see your child's progress, you may request that in our billing office.

Sending invoices through the app requires the designation of a bill payer. Please indicate below who is responsible for the bill. If you would like the option of splitting the invoice or providing a copy of the invoice to another family member, please see our financial secretary.

Bill Payer: _____ Email _____ Split? _____

Photo / Media Release

Heyward Street Preschool likes to capture moments of our day via photos of our preschoolers. Photos are taken individually and in groups. Photos may be shared via Family app, HSP Facebook page, and HSP website. *Please note your preference below regarding your permission for photos to be shared.*

Please initial one choice.

- Do not take any photos of my child for sharing in any form.
(You will not receive photos of your child via Family ap.)
- Only share photos of my child with me on Family ap.
- You may share photos of my child via Family ap, Facebook, and HSP website.

Medications

If your child is prescribed a medication which must be administered during school hours, you will receive a medication form to be completed.

Check here if you need a medication form.

Emergency Medical Treatment

By signing below, I understand that in the event of a medical emergency, HSP personnel will obtain medical treatment for my child. I acknowledge that every attempt will be made to notify the emergency contacts as quickly as possible.

Printed Name _____

Signature _____

Date _____