

**HOPE PRESBYTERIAN PLAYSCHOOL
REGISTRATION AND INFORMATION PACKAGE FOR 2024-2025**

This packet includes:

1. Registration Form 2. Parental Agreement Form 3. Enrollment Questionnaire

Total due at the time of registration is \$250.

This amount includes a supply fee for the school year. **\$50.00 of the Registration Fee is NON-REFUNDABLE.** Classes will be filled on a first come, first served basis.

If a class should have enrollment below a self-supporting number of students before the beginning of the school year, the class may be canceled. In this case, parents will be notified immediately. We will do our best to avoid this situation.

The Enrollment Questionnaire, Parental Agreement Form, and Certificate of Immunization must be on file with office before your child can attend his/her class. The Certificate of Immunization form must be obtained from your doctor or the health department as soon as possible.

The following classes will be available for the **2024-2025** school year. Classes are held from 9:00 a.m. - 12:00 p.m. Our optional **Stay Day Program**, where students bring a lunch and enjoy extra play time with their friends, is offered for \$5.00 per day from 12:00 p.m. – 1:00 p.m. We also offer an optional **Breakfast Brunch Program**, where children arrive at 8:00 a.m. and we provide them with breakfast for \$5.00 per day.

Classes:

2 years-old	(6 to 1 ratio)	Monday – Thursday	\$275 per month
*At least 24 months as of September 1			
3 years-old	(8 to 1 ratio)	Monday – Thursday	\$225 per month
*Must be FULLY potty trained for this class. No diapers or pull-ups permitted.			
4 years-old/Pre-K	(8 to 1 ratio)	Monday- Thursday	\$225 per month
*Preparatory for Kindergarten – children must be 4 on or before September 1			

For registration to be complete, this form **AND** the registration fee should be submitted to:

HOPE PRESBYTERIAN PLAYSCHOOL
10001 BAILEY COVE ROAD
HUNTSVILLE, ALABAMA 35803

Child's Name _____ Class Requested: _____

Child's DOB ____/____/____ Child's age on Sept. 1, 2024 _____

Email _____ Phone _____

Custodial Adult(s) Names _____

CUSTODIAL ADULT AGREEMENT FORM

1. Arrival time is 8:55 a.m. Please be prompt! Parents must drop children off at the covered entrance in the back of the church where the teacher will escort them from the car into the building. Do not drop the child off in the parking lot.
2. Car Line Pick-up will begin at 11:55 a.m. Again, please be prompt! A \$10 daily fee will be charged to those who are habitually 10 to 15 minutes late.
3. The school will only release your child to those authorized by custodial adults to pick-up unless there is written permission from the custodial parent. In case of emergency, please contact your child's teacher or the Playschool office at 256-881-0031.
4. The school will exercise reasonable care and judgment in all matters relating to the welfare and safety of the child and its teachers. We will work with guardians to change behaviors that negatively affect the learning environment, but there must be ample support from home.
5. The school will provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities. We request that children do not bring toys from home. Also, no jewelry (especially necklaces – choking hazard), pacifiers, or gum at school.
6. If your child should become ill, you will be contacted immediately for pick up. If the parent or guardian cannot be reached, we will contact your designated person(s). If a child has a **TEMPERATURE, RASH, VOMITING, DIARRHEA, THICK GREEN/YELLOW DISCHARGE FROM NOSE OR EAR, BAD COUGH**, or any other contagious illness, he/she must be kept at home until **FREE FROM ALL SYMPTOMS FOR AT LEAST 24 HOURS without medication.**
8. We do not administer medicine of any kind. If your child has an allergy to any medicine or any other allergy, it must be noted on the enrollment questionnaire. For children with severe allergic reactions, medication (Benadryl, Epi Pens, etc.) may be kept at the Playschool.
9. The school will notify parents in the event of exposure to a contagious illness within a child's class. Likewise, please notify the Playschool if your child should become ill with a contagious disease so we can notify other parents.
10. In case of illness or injury that requires a physician, when parents or guardians cannot be reached, and in the judgment of the Playschool, we reserve the right to call emergency services if needed. In all emergencies, the school has the permission to take such reasonable measures as are, in the judgment of the worker, necessary for the welfare and safety of the child.
11. The school is not liable for accidents occurring to the child while he/she is in its care.
12. Except for starting and ending dates, we observe the Huntsville City Schools' schedule, including holidays and during inclement weather with the exception of early morning dangerous weather, in which case HPP will determine the opening time regardless of what Huntsville City Schools decides. If there are severe weather warnings out in the morning, the school will not open until the warning is cancelled. Parents will be notified by text from their teacher in this event. All children need to be picked up promptly when school closes because of severe weather.
13. **Tuition must be paid the end of the FIRST WEEK of each month.** If this presents a hardship, please let us know and a workable situation will be arranged. A child that will not attend class for a full month or months, for any reason, must still pay that month's tuition on time to insure the child's placement in that class is held.
14. Tuition cannot be deducted for days missed due to illness or vacation.

15. A thirty-day notice is required if the child is to be withdrawn from Hope Presbyterian Playschool. Otherwise, the charge will be for the entire month.
16. We cannot take drop-in children, nor children who are visiting in your home.
17. If there is a custody agreement between the custodial adults or one adult has sole custody, a copy of the custody agreement must be on file with the Playschool.
18. I agree to notify the director immediately if my child will not attend Hope Playschool (for any reason).
19. **I understand full tuition is paid by the end of the first full week of each month August-May (10 months) and is considered late after that date.**

I have read and will abide by the above list of agreements.

Custodial Adult's Signature _____ Date _____

ENROLLMENT QUESTIONNAIRE

GENERAL INFORMATION:

Child's name _____ Name used at home _____
Date of birth _____ Present Age _____ Sex _____ Home Phone# _____
Address _____ Zip _____
E-Mail Address _____
Custodial Adult #1 _____ Occupation _____
Address _____ Phone # _____ Cell # _____
Custodial Adult #2 _____ Occupation _____
Address _____ Phone # _____ Cell # _____

RELIGIOUS AFFILIATION: (if none, please mark N/A)

Church you attend _____
If no membership, give church preference _____
N/A _____ Other _____

EMERGENCY INFORMATION:

Child's Doctor _____ Phone # _____
Local person authorized to act for parents in emergency:
Name _____ Phone # _____
Address _____ Work # _____
Name _____ Phone # _____
Address _____ Work # _____

Persons authorized to pick up child: (give at least two names; we will not release your child to anyone not listed) _____

MEDICAL HISTORY OF CHILD:

Normal Birth _____ If premature how many weeks _____ Explain any other complications at birth: _____

Is your child in or had Early Intervention _____ Explain :

Has your child had any of the following:

Meningitis _____ Seizures _____ Allergies _____

Any evidence of hearing loss or difficulties? _____ Any evidence of vision difficulties? _____

Speech difficulties? _____

Operations _____ Hospitalizations _____

Other illnesses? _____

Does your child seem to have a dominate hand? _____ Left _____ Right

FAMILY:

What custodial adult(s) does the child live with? _____

Names and ages of other children in home: _____

Pets: _____ Language spoken in the home: _____

SOCIAL AND PHYSICAL GROWTH:

What would you like us to know about your child? _____

_____ (e.g. Unusual fears?)

Does your child have a problem that concerns you? _____

What do you feel are his/her special abilities or capabilities? _____

EXPERIENCES WITH OTHERS:

What are some of the ways your child plays at home? _____

Favorite toys? _____ Special interests? _____

Favorite TV programs? _____ Favorite foods? _____

Does he/she play well with other children? _____

How much screen time does your child have per day? What type of apps do they use? _____

How does he/she react when he/she does not get way? _____

Is child enrolled in a special group (sports, dance, etc.)? _____

How often do you read to your child? _____

List methods of discipline used with your child _____

Name some fun things that you do together _____

In what ways do you expect our program to enrich your child? _____

How did you find out about Hope Presbyterian Playschool? _____

Has your child attended a playschool/ preschool program before? _____ If so, where and how long did your child stay? _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE CAN BE WRITTEN ON THE BELOW.