

REGISTRATION FORM 2012- 2013

CLIFTON PARK CENTER BAPTIST PRESCHOOL

713 Clifton Park Center Road
Clifton Park, New York 12065
(518) 371-6023

CHILD'S FULL NAME _____ SEX _____ BIRTHDATE _____

MOTHER'S NAME _____ FATHER'S NAME _____

HOME ADDRESS _____ HOME ADDRESS _____

TOWN and ZIP _____ TOWN and ZIP _____

PHONE (H) _____ (W/CELL) _____ Phone (H) _____ (W/CELL) _____

OCCUPATION _____ OCCUPATION _____

CHURCH AFFILIATION: _____ CHURCH AFFILIATION: _____

E-MAIL: _____ E-MAIL _____

For Returning students: At the present time, my child is in (circle one) Redbirds Bluebirds

I (we) request the above named child is enrolled for the school year beginning in September. I enclose a sixty five dollar (**\$65.00**) registration fee with this application, with the understanding the entire amount will be refunded if this registration is not accepted. I also understand this fee is not returnable if for some reason the enrolled child must drop out of school. If you do not hear from us, your child has been accepted into the class of your choice. We offer a family discount for multiple children attending from one family. The first or oldest child is full tuition, with additional children receiving a 10% discount for the same age class or a younger class. Maximum registration fee per family is \$130.

Parent\Guardian Signature _____ **Date** _____

Please check the class in which you wish to enroll your child.

2 year olds, M/Th	9:15-11:00 AM _____	2 year olds, T/Fri. 9:15 – 11 A.M. _____
3 Year olds, T/Th	9:00 - 11:30 AM _____	3 year olds M/W/F 9:00 - 11:30 A.M. _____
Pre-K/4 Year olds M/W/F	9:00 – 11:30 AM _____	M/T/W/Th/F 9:00 – 11:30 AM _____
M/T/W/Th	12:30 - 3:00 PM _____	

Please cut off and return the top portion. You may keep the bottom portion for your information.

INFORMATION ABOUT CLIFTON PARK CENTER BAPTIST PRESCHOOL

WEBSITE: www.cliftonparkcenterbaptist.org

E-MAIL: psadmin@cliftonparkcenterbaptist.org

PURPOSE: To guide children in social development in a Christian atmosphere, and to co-operate with the home in the nurture of physical, emotional, and spiritual growth.

TUITION: For 9 months: 2 year olds: \$75/2days (\$675 annual) 3 year olds- \$120/month for 2 days or \$155 for 3 days

Pre-K/4 year olds M/W/F AM \$155/month (\$1,395 annual), Pre-K/4s M/T/W/Th PM - \$200/month (\$1,800.annual)

Pre-K/4 year olds Mon through Friday AM - \$250/month (\$2,250 annual)

TEACHERS: One teacher and one teacher assistant will be in each class.

ENROLLMENT: There is a student-to-teacher ratio of 1:4 for the 2 year olds, 1:8 for the 3 year old group (T/TH) and a ratio of 1:8 for the Pre-K/4 year old AM groups The Pre-K/4 PM program has a student-to-teacher ratio of 1:10. Applications will be accepted in order of date received, except that some consideration will be given to a balance of boys and girls in each class. Children entering the Pre-K/4 year old group **MUST** be 4 by December 1, 2012. The 3 year old group must be 3 by December 1, 2012, and the 2 year old group, 2 by Dec. 1, 2012. Pre-school children should be daytime potty trained. The teachers will not change messy pants, so you will be called to come change your child. The teachers will work with the 2 year olds at whatever stage they are for potty training.

MAKE CHECKS PAYABLE TO: Clifton Park Center Baptist Preschool (or CPCBPS) and return this application with the attached information sheet as soon as possible.

*CALL THE OFFICE 371-6023 TO MAKE AN APPOINTMENT TO OBSERVE THE PRESCHOOL IN SESSION 12/1/11

INFORMATION for _____

Dear Parent/Guardian,

Please return this sheet by mail or bring it to school. All answers will be kept confidential. They are intended to help us become better acquainted with your child and to assist us in planning activities.

BY WHAT NAME DO YOU USUALLY CALL YOUR CHILD? _____ BIRTH DATE _____

WHO SHOULD BE NOTIFIED – if parent cannot be reached in the event of sudden illness?

NAME _____ PHONE _____

DOCTOR _____ PHONE _____

HAS YOUR CHILD ANY PHYSICAL DISABILITIES, INCLUDING ALLERGIES, OF WHICH THE PRESCHOOL SHOULD BE AWARE? _____

WHAT TERMINOLOGY DOES YOUR CHILD USE TO ASK TO GO TO THE BATHROOM? _____

IF YOUR CHILD HAS ATTENDED PRESCHOOL BEFORE, WAS THE EXPERIENCE ENJOYABLE? _____

DOES YOUR CHILD HAVE TANTRUMS? _____

IF YOUR CHILD HAS UNUSUAL FEARS, WHAT ARE THEY? _____

DOES YOUR CHILD USE THE FOLLOWING AT HOME? crayons _____ scissors _____ pencil _____ chalk _____ felt markers _____

WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM THIS PRESCHOOL EXPERIENCE? _____

IS THERE ANY AREA IN WHICH YOU ANTICIPATE DIFFICULTY FOR YOUR CHILD? (crafts, sharing, following directions) _____

WHAT FOODS DOES YOUR CHILD LIKE? _____

WHAT FOODS DOES YOUR CHILD DISLIKE? _____

LIST ANY SPECIAL INTERESTS YOUR CHILD HAS _____

HOW DID YOU LEARN ABOUT THIS NURSERY SCHOOL? _____

LIST NAMES AND AGES OF OTHER CHILDREN IN YOUR FAMILY _____

OTHER COMMENTS YOU MAY HAVE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

New York State Public Health Law 2164 requires all children entering and attending a preschool program to demonstrate proof of immunity against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Hepatitis B, Haemophilus influenza type B (Hib) and Varicella (Chicken pox).

Proof of immunity consists of a certificate of immunization signed by a physician or health care provider. **THE CERTIFICATE MUST SPECIFY THE TYPE OF VACCINE AND THE DATES (MONTH/DAY/YEAR) OF ADMINISTRATION.** Please provide a copy of immunizations and a statement from your doctor stating your child has been examined within the year and is in good health. **This must be provided on or before the first day of school.**