

Advent Children's Center

REGISTRATION FORM

2020 - 2021

Office Use Only

	Amount	Date	Type
Registration Fee:			
Activity Fee:			

REGISTRATION

INFANTS, TODDLERS, TWOS, THREES & FOURS <i>DUE WITH REGISTRATION FORM</i>	\$150.00
TWOS, THREES and FOURS Activity Fee <i>DUE WITH REGISTRATION FORM</i>	\$35.00
Reduction for second/subsequent child(ren)	\$25.00

TUITION FEES PER MONTH

1 day/week (INFANTS only)	\$150.00
2 day/week (Tues. & Thurs.)	\$200.00
3 day/week (Mon., Wed., & Fri.)	\$230.00
4 day/ week (all age levels)	\$240.00
5 day/week (all age levels)	\$250.00
Reduction for second/subsequent child(ren)	\$10.00

EARLY DROP FEES PER MONTH

1 day/week	\$24.00
2 day/week	\$48.00
3 day/week	\$72.00
4 day/ week	\$96.00
5 day/week	\$120.00

TRINITY BUS FEES PER MONTH

1 day/week	\$12.00
2 day/week	\$24.00
3 day/week	\$36.00
4 day/ week	\$48.00
5 day/week	\$60.00

PLEASE CHECK:

CLASS	INFANTS <input type="checkbox"/>	TODDLERS 2day/wk minimum <input type="checkbox"/>	TWOS 2day/wk minimum <input type="checkbox"/>	THREES 2day/wk minimum <input type="checkbox"/>	FOURS 3day/wk minimum <input type="checkbox"/>
DAYS ATTENDING	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
EARLY DROP DAYS	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
TRINITY BUS DAYS	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

CHILD INFORMATION: (Please print clearly)

Full Name (with nickname highlighted): _____

Date of Birth: _____ Sex: _____
 (month) (day) (year)

Home Address: _____
 (street) (city) (state) (zip)

Home Phone: _____ Cell Phone: Mom _____ Dad _____

Email: _____

	Mother	Father
Name		
Occupation		
Business Phone		

Are parents separated? _____ Divorced? _____

Is the child adopted? _____ If so, has the child been told? _____

Is there anyone who might attempt to pick your child up from school that ***IS NOT ALLOWED*** to? If so, please explain:

Religious Affiliation: _____

Are you members of the Episcopal Church of the Advent? _____

MEDICAL INFORMATION:

Age on September 1, 2020 _____

List **all allergies** for your child : _____

Child's weight: _____ Height: _____

Physical limitations: _____

List any medical concerns: _____

List all additional medical/professional services your child is receiving: _____

List any diseases child has had: _____

Is there any reason that would prohibit the child's full participation in **ALL** areas of this program?

Previous group and preschool experience: _____

Has your child ever left a program either voluntarily or involuntary? If yes, please explain:

Is your child toilet trained? _____

I understand and agree to the discipline policy of the preschool as stated in the handbook.

Children in all THREEs and FOURs classes must be toilet trained prior to the start of school.

A current DHEC Immunization Form must be on file at all times. The form must be submitted prior to the start of the school year and an updated form must be submitted when necessary. ***Enrollment will be interrupted if the form lapses.***

Signature Parent/Guardian: _____

Date: _____