

# Registration Form 2023-2024

St. Peter's Preschool  
3106 E Carmel Dr, Carmel, IN 46033  
317-846-6860 (office) 317-844-0984 (fax)



Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell number: \_\_\_\_\_ Email \_\_\_\_\_

Additional Contact \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell number: \_\_\_\_\_ Email \_\_\_\_\_

**Indicate your first and second choice with a 1 or a 2**

2's Classes <i>2 years old by 9/1/23</i>	3's Classes <i>3 years old by 9/1/23</i>	Pre-k Classes (4's) <i>4 years old by 9/1/23</i>	Transitional Kindergarten Classes (TK) <i>4.5 years old by 9/1/23</i>
<b>\$230 monthly tuition</b> _____ Mon/Wed _____ Tues/Thur  <b>\$280 monthly tuition</b> _____ Add Friday enrichment class	<b>\$230 monthly tuition</b> _____ Mon/Wed _____ Tues/Thur  <b>\$280 monthly tuition</b> _____ Add Thursday enrichment class  <b>Or</b> _____ Add Friday enrichment class	<b>\$310 monthly tuition</b> _____ Mon/Wed/Fri _____ Mon/Tues/Wed  <b>\$355 monthly tuition</b> <i>+ 1 time \$40 supply fee            collected at registration</i> _____ Add Thursday enrichment class  <b>Or</b> _____ Add Friday enrichment class	<b>\$355 monthly tuition</b> _____ Mon/Tues/Wed/Thur  <b>\$405 monthly tuition + 1            time \$40 supply fee            collected at registration</b> _____ Add Friday enrichment class

## Financial & Enrollment Agreement

Please enter your initials for each section listed below, then sign and date at the bottom.

\_\_\_\_\_ PROGRAM/REGISTRATION FEE: I agree to pay the non-refundable Program Fee that accompanies this completed form. I understand that classes are subject to adequate enrollment.

\_\_\_\_\_ PAYMENT OF TUITION: I agree to pay the monthly tuition by the first of every month. Tuition received after the 1st of the month will be assessed a \$15.00 late charge per child.

\_\_\_\_\_ MAY 2024 TUITION PAYMENT: I agree to pay the non-refundable May 2024 tuition by May 1, 2023.

\_\_\_\_\_ LATE PICK-UP: I understand that if I fail to pick up my child by the scheduled pickup time, I will be charged a late fee of \$10.00 after 3 late pick-ups.

\_\_\_\_\_ RETURNED CHECKS: I understand that a processing fee of \$40 will be charged to my account for all checks which are returned for any reason.

\_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly. I will follow the procedures outlined in the Parent Handbook for bringing my child to school following an illness. I understand that tuition payments are not adjusted for sick/missed days.

\_\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a written notice prior to the 1st of the month of withdrawal from the program. If this notification is not provided, I agree to pay all tuition whether my child attends or not. I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability.

\_\_\_\_\_ HOLIDAYS: I understand that tuition payments are not adjusted for holidays.

\_\_\_\_\_ INCLEMENT WEATHER: I understand that the school follows Carmel Clay School system when it comes to closing for inclement weather. A two-hour delay will result in the preschool beginning at 10:30 am and ending at 1:00pm. Tuition is not adjusted for missed or delayed days.

\_\_\_\_\_ FACEBOOK: I give permission for photos to be taken of my child and published on social media without name.

\_\_\_\_\_ IMMUNIZATION RECORDS: I will provide a vaccination record for my child by the first day of school (new students) or within 30 days of their next birthday (returning students).

*By typing your name here, you are agreeing to this entire document.*

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Program fee: \_\_\_\_\_ Supply fee \_\_\_\_\_

May 2024 Tuition: \_\_\_\_\_

# Driver/Emergency Release

Child's Name \_\_\_\_\_

List everyone who will be allowed to pick up your child. **Include yourself, spouse, grandparents, friends, and so on.**



Identification will be required from any person on the list the first time they pick up as well as in last-minute situations.

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

List anyone NOT able to pick up: Note any special circumstances here. (i.e., non-custodial parent, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

*By typing your name here, you are agreeing to this entire document.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Food Allergies/Health Concerns 2023-2024

Child's Name \_\_\_\_\_



Does your child have a food allergy or other health concerns, which we need to be aware of?

**No:** \_\_\_\_\_ (No other information is need on the next 2 pages, please sign and date below)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

----- **If No Allergies, Sign Above and skip following pages** -----

**YES** \_\_\_\_\_ (Describe in detail and answer the following questions.)

1. What food allergy or health concern does your child have?

\_\_\_\_\_  
\_\_\_\_\_

2. What does a reaction look like for your child if they have one?

\_\_\_\_\_  
\_\_\_\_\_

3. If your child has a food allergy, do they require an EpiPen? **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

**Please fill out the following form if your child may require an EpiPen or Benadryl during a reaction.**

The following items are on our schools' approved snack list. Please sign below to indicate that this is a safe list for your child or make notes about the items that need to be substituted.

## Approved Snack List

- |   |                                      |
|---|--------------------------------------|
| *Cheerios Cereal (regular or multigrain)                        | *Veggie Straws                       |
| *Pepperidge Farms Goldfish                                      | *Rold Gold or Snyder Pretzels        |
| *Honey Maid Graham Crackers (Cinnamon, Honey, Chocolate)        | *Club Crackers or Townhouse Crackers |
| *Teddy Grahams (Cinnamon, Honey, Chocolate, and Chocolate Chip) | *Cheez-It's                          |
| *Pirate's Booty   | *Nilla Wafers                        |
|   | * Fruit                              |

## Birthday Party Snacks

- |        |                                  |                     |
|--------|----------------------------------|---------------------|
| *Oreos | *Rice Krispy Treats (in package) | *Loft House Cookies |
|--------|----------------------------------|---------------------|



Specify any snacks that need to be substituted:

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Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## EpiPen/Benadryl Form 2023-2024

I/We give permission to the staff for St. Peter's Preschool to administer an EpiPen or premeasured Benadryl to (child's name) \_\_\_\_\_ due to an allergic reaction to \_\_\_\_\_.

I/We will provide a doctor-prescribed EpiPen with prescription label attached and/or Benadryl to be kept in (child's name) \_\_\_\_\_ classroom emergency backpack.

## Symptom and Plan of Action

List the steps that need to be taken if your child has a reaction (Ex. 1. Rash-Give Benadryl 2. Difficulty breathing give EpiPen. 911 is always called when an EpiPen is given.

Symptom and Plan of Action

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Before your child's first day of school, we **MUST** have the following:

- A doctor's signed care plan/plan of action form. (Can be found on our website)
- All medication (EpiPen, Benadryl)
- Safe backup snack labeled with child's name.

*This permission covers the August 2022 through May 2023 school year.*

*By typing your name here, you are agreeing to this entire document.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Background Information



Child's First & Last Name \_\_\_\_\_

1. Is this your child's first experience at Preschool? Yes \_\_\_\_\_ No \_\_\_\_\_
2. What is the primary language spoken at home? \_\_\_\_\_
3. Is your child in any type of developmental program? (Example: Speech, Occupational, Physical Therapy) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_

4. Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe Assistance Needed and Words Used if potty-trained: \_\_\_\_\_

5. List siblings and ages: \_\_\_\_\_

6. What are your child's favorite activities?  
\_\_\_\_\_

7. How would you describe your child? (Check ones that apply)

<input type="checkbox"/>	Happy	<input type="checkbox"/>	Good-natured	<input type="checkbox"/>	Shy	<input type="checkbox"/>	Clumsy	<input type="checkbox"/>	Even-tempered
<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Moody	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Attentive
<input type="checkbox"/>	Dependent	<input type="checkbox"/>	Stubborn	<input type="checkbox"/>	Impulsive	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Sympathetic

Other \_\_\_\_\_

7. What do you hope will be included in your child's preschool program?  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there anything else we should know about your child to make this the best year possible?  
\_\_\_\_\_

10. May we share your contact information in the school directory? Yes \_\_\_\_\_ No \_\_\_\_\_

*By typing your name here, you are agreeing to this entire document.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

