



ADAMS FARM CHRISTIAN PRESCHOOL

Adams Farm Christian Preschool Student Registration 2024-2025 School Year

-Class Options-

Registration Fee:

\$85 First Child
50% discount for siblings

Non-Refundable

Monthly Tuition Rate:

2-Day: \$170	3-Day 4's: \$205
3-Day: \$200	5-Day 4's: \$225
*4-Day 2's: \$272	Pre-K: \$235
*5-Day 2's & 3's: \$296	MMO: \$25/day

First Tuition payment due 8/1/2024. Last Tuition payment due 4/1/2025.

Indicate your 1st and 2nd choice below.

Child must be specified age for the requested class by August 25, 2024.

**Tuition is based on cost of 2-day + 3-day class with a 20% discount since student is taking up 2 spots.*

18 months-2-Year Olds

___ 2-day: T/Th ___ 3-day: M/W/F
___ 2-day: W/F ___ 5-day M-F

3-Year Olds

___ 2-day: T/Th ___ 5-day M-F
___ 3-day: M/W/F

4-Year Olds

___ 3-day: M/W/F
___ 5-day M-F

Pre-Kindergarten *

___ 5-day M-F

Mother's Morning Out

___ Mondays Only (if enough interest)

-General Student Information-

Child's Full Name: _____ Name Used _____

Male/Female _____ Date of Birth _____ Current Age _____

-General Medical Information-

****A current Immunization Record is required by the first day of school.**

Please list any medical conditions (i.e., allergies), medications, limitations, or other health-related concerns of which the staff should be aware:

Are there any activities in which your child should not participate? Please explain.

-Parent/Guardian Information-

Father's Name: _____ **Home Phone:** _____

Home Address: _____ **Work Phone:** _____

Occupation/Co.: _____ **Cell Phone:** _____

Religious Affiliation: _____ **E-Mail:** _____

Mother's Name: _____ **Home Phone:** _____

Home Address: _____ **Work Phone:** _____

Occupation/Co.: _____ **Cell Phone:** _____

Religious Affiliation: _____ **E-Mail:** _____

Siblings: (Names and Ages) _____

-Emergency & Authorized Contacts-

Please list individuals to be contacted in case of an emergency. Staff will attempt to contact parents/guardians first.

Name: _____ **Relationship:** _____

Home Phone: _____ **Other Phone:** _____

Email: _____

Child's Physician: _____ **Office Phone:** _____

Please list individuals authorized to drop-off/pick-up your child at Preschool:

Name: _____ Phone: _____

Relationship: _____ Email: _____

Name: _____ Home Phone: _____

Email: _____

Please provide an additional sheet if there are additional contacts.

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-Getting to Know You-

Please help us get to know your child better.

Your child's favorite:

Play Activity: _____ Food: _____

Family Activity: _____ Toy: _____

Book/Story: _____ Character: _____

Does s/he have any habits? _____

Do you have a pet? _____ If yes, what type(s) and their name(s): _____

Your child sleeps (hours/night): _____ Naps (length) _____

List any fears: _____

Preferred activities: _____

Does your child attend church or Sunday School? _____

List other preschools, playgroups or programs with which your child has been involved and describe your experience:

Your child wears: Diapers _____ Pull-Ups _____ Regular Pants _____

Have you started potty training? ____ If no, has s/he shown an interest in training? _____

Please let us know any specifics regarding potty use: _____

Please list what you consider the most important aspects of placing your child in preschool.

Does your child have any developmental special needs? _____

PASSWORD: _____

The Password is for your child's safety. Only, the teacher, you and the person who can pick-up your child will know the password.

In consideration of Adams Farm Christian Preschool (AFCP) accepting my child into the Preschool Program for the 2024-25 term (September-May), I accept financial responsibility for my child's fees. I understand that tuition is due by the 5th of each month and will incur a \$10 late fee if not submitted by that time; continued non-payment may result in dismissal from the Program. In case I do need to remove my child from the program, I will give one-month notice or pay for that time. I also understand that AFCP utilizes a curriculum based on Christian Biblical principles and that my child will be attending Chapel.

Signature of Parent or Legal Guardian

Date

*AFCP is operated as an educational Preschool institution for the benefit of families of Southwest Guilford County.
Students are admitted without regard to race, color or ethnic origins.*

-Office Use Only-

____ Enrollment form and fee received. Date _____ Check Number _____

____ Immunization records received. Date _____.

____ Emergency release form received.

____ Class directory release form received.

____ Photo consent release form received.

Director's Notes:

*** Pre-K class is designed for children who are five years-old after August 31, 2024 or have completed a four-year-old class.**

****Mother's Morning Out is offered only if there is enough interest**