



ADAMS FARM CHRISTIAN PRESCHOOL

Adams Farm Christian Preschool Student Registration 2026-2027 School Year

-Class Options-

Registration Fee:

\$85 First Child
Non-Refundable
*MMO: \$35/day

Monthly Tuition Rate:

Toddlers/Two's:	3 yr old's:	4 yr old's:	*Pre-K:
2/Day:\$185	2/Day: \$190	3/Days:\$225	5/Days:\$255
3/Day:\$215	3/Day:\$220	5/Days:\$245	
5/Day:\$310	5/Day: \$320		

First Tuition payment due 8/1/2026. Last Tuition payment due 4/1/2027.

*Indicate your 1st and 2nd choice below. * Pre-K class is designed for children who are five years-old after August 31, 2026 or have completed a four-year-old class. Child must be specified age for the requested class by August 25, 2026. *MMO-will only be offered if enough interest for a class.*

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
***Mother's Morning Out is offered only if there is 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: _____
Hospital Preference: _____

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.

-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 2026-27 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:
