



NWHSC Cubs Preschool

2019-2020

I hereby apply for enrollment of my child in the NWHSC Cubs Preschool:

Child's Full Name: _____ Gender: _____

Date of Birth: _____

Address: _____ Zip: _____



Mother's Full Name: _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____

Father's Full Name: _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____



ENROLLMENT: Prior to your child's attendance in the NWHSC Cubs Preschool Program, all enrollment information must be completed, signed and returned to the building in which you are enrolling along with a \$150 non-refundable registration fee. Please also provide a copy of your child's birth certificate, immunization records and proof of residency at the time of registration. Forms and fee may be turned into the school office between 7:30 A.M. and 3:00 P.M. The first fifteen (15) full-day paid and first (3) part-time paid registration forms received will have a spot held in the NWHSC Cubs Preschool for the 2019-2020 school year.

Parent Signature

Date

A receipt will be given at time of payment.



Please answer the following questions regarding the child you are enrolling in the NWHSC Cubs Preschool Program.

Name: _____ Male or Female: _____

List siblings of child (if they attend a school within NWHSC, please list the school):

List activities your child enjoys, favorite books, toys, etc.

List activities your child dislikes:

REQUIREMENT INFORMATION

1. Independently using utensils and feeding self	Yes	No
2. Completely toilet trained (or will be by beginning of school)	Yes	No
3. Can independently put on shoes, coats, etc.	Yes	No
4. Requires only one quiet time/nap per day	Yes	No
5. Can work with other children independently	Yes	No
6. Is ready for organized preschool activities	Yes	No

HEALTH HISTORY SURVEY

1. Does your child have any of the following health problems?

Vision problems	Yes	No
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If yes, explain _____

Glasses	Yes	No
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Chronic ear infections	Yes	No
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Tubes in ears	Yes	No
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Hearing Loss	Yes	No
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Allergies (food, plants, etc.)	Yes	No
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If yes, explain _____

Asthma	Yes	No
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Severe reaction to insect bites (bees, etc.)	Yes	No
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Other Health Problems?	Yes	No
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If yes, explain _____

Please provide any additional information that will help the school make sure your child's day in the NWHSC Cubs Preschool Program is the best it can be.

EMERGENCY INFORMATION

In the event of a medical emergency, parent(s) will be contacted as soon as is possible.

Please list your preferences:

If transport is required, please indicate your preference for hospital: _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

Last date of treatment before filling out this application for enrollment: _____

Known allergies: _____

Known medical conditions: _____

I give my permission for transport in the case of a medical emergency. I understand that I will be liable for all charges incurred. I also understand that arriving paramedics will honor my request for hospital preference unless in their judgment another hospital should be used.

Parent Signature

Date

AGREEMENT TO NWHSC CUBS PRESCHOOL PROGRAM REQUIREMENTS

Please initial and sign below. By doing this, parent agrees to adhere to the requirements and to follow all school policies and procedures.

_____ *I have read and understand the requirements within the NWHSC Cubs Preschool Program Parent Handbook and application packet.*

_____ *I understand I am submitting enrollment in the NWHSC Cubs Preschool Program as my preschool provider for the entire 2019-2020 school year.*

_____ *I will abide by the NWHSC Cubs Preschool requirements.*

_____ *I will provide transportation to and from the program. I will ensure I am on time to pick up my child each day. I understand if I am late picking my child up then I will be subject to an additional charge of \$5 for every 5 minutes late.*

_____ *I will remain current in all fees (please refer to table below regarding amount due and due dates). Payment is still due even if the child is absent for any reason. Late payments may result in dismissal from the NWHSC Cubs Preschool.*

_____ *I will pay monthly (payment due on the 1st of each month)*

_____ *I will pay bi-weekly (payment due on the 1st and 15th of each month)*

_____ *I am enrolling in the _____ 5 days/week or _____ 3 days/week program.*

NWHSC CUBS PRESCHOOL PROGRAM COSTS

	Number of Program Days	Annual Cost	Bi-Weekly Payment Plan August - May	Monthly Payment Plan
5 days/week	184	\$5,150	\$250 due 1 st and 15 th of each month August-May	\$500 due on the 1 st of each month August-May
3 days/week (M, W, F)	107	\$3,650	\$175 due 1 st and 15 th of each month August-May	\$350 due on the 1 st of each month August-May

Parent Signature

Date

By signing this form, parents agree to make timely payments to North West Hendricks Community School Corporation to participate in the Cubs Program. Non-payment will result in the removal of your child(ren) from the program.