

Algonquin Preschool, Inc.
Registration for Enrollment
847-658-2232

Child's Name _____ M_____ F_____

Address _____
(Street) (City) (Zip Code)

Parent/Guardian Name(s) _____

Home Phone _____ Cell Phone _____

Email Address _____ Child's Birthdate _____

Please indicate class preference*: 1 = First Choice 2 = Second Choice

Tu/Th 3's AM_____ MWF 4's AM_____ MWF 3/4's AM_____ M-F 4/5's AM_____

Tu/Th 3's PM_____ MWF 4's PM_____ M-F 4/5's PM_____

Have siblings attended Algonquin Preschool? Yes _____ No _____

*Your first choice will be accommodated if space in that classroom is available; otherwise, your second choice will be assigned. Algonquin Preschool reserves the right to cancel an offered class due to low enrollment or other reasonable circumstance(s).

A \$40 non-refundable fee payable to Algonquin Preschool is due at time of registration.

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Algonquin Preschool, Inc.
Discipline Policy

Most rules at Algonquin Preschool are made for the safety of your child. Usually a gentle, positive reminder of what is expected is all that is necessary to gain a child's cooperation. Should a child's inappropriate behavior continue after a reminder or two, the child is redirected into another activity. Sitting on a chair for a "time out" of 1-3 minutes is only used as a last resort to calm a child or give a child who has hurt another time to think about his/her actions.

Parents will be promptly informed of any continuing discipline problem and encouraged to meet with the staff to develop a cooperative plan of action at home and school. All attempts will be made to meet the individual needs of a child. If no progress is observed professional advice may be sought with parental permission. When all options are exhausted, a child's dismissal may be necessary. Only as a very last resort will we suggest that a child might best be served in another facility.

This policy is included in the Algonquin Preschool Parent Handbook. Please sign below indicating that you have read and understand this Discipline Policy.

Parent/Guardian Signature _____ Date _____

Algonquin Preschool, Inc.
Permission for Administering Minor First Aid

I, _____ authorize staff of the Algonquin Preschool, Inc. to perform minor emergency first aid on my child, _____. This may include, but is not limited to, the cleaning of a small cut or scrape, use of a band-aid on a small cut or scrape, icing a small bump, etc.

Parent/Guardian Signature

Date

Algonquin Preschool, Inc.
Certified Practitioner

My child shall be exempt from all standard medical care on religious grounds. In the event of a MEDICAL EMERGENCY, the following certified practitioner is to be notified immediately.

Name: _____

Address: _____

Phone: _____

I understand that the above certified practitioner will direct the Algonquin Preschool staff as to necessary steps in the treatment of my child. I also understand that the Algonquin Preschool is not responsible for the action or treatment provided by this certified practitioner.

Parent/Guardian Signature

Date

Algonquin Preschool, Inc.
A Questionnaire About Your Child

Name of Child _____ Nickname _____

Name of Parents/Guardians _____

Names and Ages of Child's Brothers and Sisters _____

Names and Relationships of Other Persons Living in Child's Household _____

Names and Descriptions of Family Pets _____

Child's favorite toys _____

Child's favorite books _____

Child's favorite tv shows _____

Child's favorite indoor activities _____

Child's favorite outdoor activities _____

Specific skills/knowledge your child has acquired _____

Specific interests your child has _____

Classes/Sports in which your child has participated _____

Specific medical/behavioral concerns you have regarding your child _____

Actions you are taking to address these concerns _____

Ways in which you would like to see your child develop during this preschool year _____

Additional comments which you feel will help us know your child better _____

Thank you for taking the time to complete this questionnaire. Your responses help to acquaint us with your child. We look forward to a wonderful year!

Signature of Person Completing this Form

Relationship to Child

NOTE: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

RELEASE AND WAIVER

TO: The Congregational Church of Algonquin
109 Washington Street
Algonquin, Illinois 60102

The undersigned, on behalf of themselves and _____ (child's name) (the "Student"), hereby agree(s) that neither The Congregational Church of Algonquin nor any of its employees, directors, trustees and agents, will be liable for any damages, claims or harm sustained by the Student, whether to person or property, arising from or in connection with the attendance by the Student at the Algonquin Preschool located on the premises of The Congregational Church of Algonquin. The undersigned is aware that pursuant to the agreement between The Congregational Church of Algonquin and Algonquin Preschool, Inc. relating to the use of the premises, Algonquin Preschool, Inc. has the entire responsibility for maintaining the portion of the premises used in connection with the Algonquin Preschool (including without limitation all restrooms, common areas, and playground facilities) and is responsible for preparation of all foods and beverages served or provided in connection therewith, and, therefore, the undersigned agree(s) that they will look only to Algonquin Preschool, Inc. for any such injuries or damage. This release and waiver applies to all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the Student's use or intended use of said facilities, equipment and services, whether or not such actions are caused or alleged to be caused by the negligence by The Congregational Church of Algonquin.

Signed: _____

Relationship: _____

Date: _____

Signed: _____

Relationship: _____

Date: _____

Algonquin Preschool, Inc.
Student Information Form

Admission Date _____ Departure Date _____ Class _____

Name _____
(Last) (First) (Middle)

Address _____
(Street & Number) (City) (Zip)

Phone Number _____ Email _____

Cell Phone _____ Age _____ Birthdate _____ Sex _____
(yrs.) (mm/dd/yy) (M/F)

Mother/Guardian _____
(Name) (Address) (Phone)

(Employer) (Address) (Phone) (Working Hours)

Father/Guardian _____
(Name) (Address) (Phone)

(Employer) (Address) (Phone) (Working Hours)

Parent/Guardian Marital Status: ___Married ___Divorced ___Separated ___Widowed

Child's Doctor _____
(Name) (Address) (Phone)

In case of emergency, the following person(s) may be called:

1) _____

2) _____

3) _____
(Name) (Address) (Phone)

Persons authorized by you to pick up child:

1) _____

2) _____

3) _____
(Name) (Address) (Phone)

Parent/Guardian Signature _____ Date _____

Algonquin Preschool, Inc. Tuition Policy and Contract

1. Tuition is due on the first day of each month, August through April.
2. If a tuition payment is not received by the 10th of the month, a \$10 late fee is charged. This late fee will continue to be charged each month until the account is paid in full.
3. Any tuition account 60 days past due will be turned over to S&S Financial Services, an accounts receivable management company.
4. Should a check be returned for insufficient funds, all remaining tuition payments must be made in cash or a bank money-order.
5. Monthly tuition payments are calculated by first determining a per session cost. This cost is then multiplied by the total number of sessions for the school year. This factor is then divided by 9 (the number of tuition payments due each year).
6. There will be no refund for school closings due to weather or other unforeseen circumstances.
7. If your child enrolls part way through a month, tuition for that month only will be pro-rated based on the number of sessions remaining in that month.
8. If your child is absent for an entire month due to serious illness, half the tuition for that month must be paid to hold your child's space in the class.
9. If your child is absent for part or all of a month due to an extended vacation, full tuition must be paid that month.
10. All requests for special consideration regarding long-term absences must be made in writing 14 days prior to the beginning of the absence.
11. Notification must be given in writing 14 days prior to withdrawal from school.
12. Tuition for sessions attended prior to withdrawal in a given month will be pro-rated for that month only.
13. Registration fee is refundable only if your child dis-enrolls to attend a facility which serves the needs of a special medical condition of your child.
14. Activity fee is due August 1.
15. Activity fee will be pro-rated if your child enrolls after January 1 of the current school year.

TUITION CONTRACT

I UNDERSTAND THE ABOVE RULES AND THAT THE TUITION FOR MY CHILD FOR THIS SCHOOL YEAR AT THE ALGONQUIN PRESCHOOL IS \$_____ PER MONTH, PAYABLE BY THE 1ST DAY OF EACH MONTH, AUGUST-APRIL. MY TOTAL TUITION COMMITMENT FOR THIS SCHOOL YEAR IS \$_____.

Signature of Parent/Guardian(s)_____

Date_____