

BETHANY LUTHERAN CHURCH AND PRESCHOOL

2501 Beacon Hill Road
 Alexandria, Virginia 22306
 703-765-TOTS (8687)
 Preschool@Bethany-LCMS.org

2017 -2018 Registration



Child's Name _____ Name your child is called _____ Sex _____

Birth date ____/____/____ Age of child on 9/30/17 ____ yrs. ____ months
month / day / year

Home address _____
Street City State Zip

Home phone _____

Father's name _____ Work or cell phone _____

Mother's name _____ Work or cell phone _____

Email address _____ Email _____

Child Resides Primarily with: Mother ____ Father ____ Other _____ Church Affiliation _____

Registration and Materials fee: PRESCHOOL CLASSES \$135 with a \$10 discount for each additional family member.

Make checks payable to Bethany Lutheran Preschool

The registration fee is not refundable unless minimum enrollment requirements are not met.

Tuition is an annual fee. Payment choices include tuition paid in full, twice a school year, or each month for 10 months.

The school reserves the right to make class assignments. School Health forms and Proof of Identity and Age for new students are due August 15.

Prices reflect the new increased class hours of 9:00 am - 1:00 pm for school year 2017-2018

Please check your choice

Four Year Olds Children turn 4 by September 30			
Class Options		Annual Tuition	10 monthly Payments
	Five Days/week Pre K4 (M-F)	\$5,200	\$520
	Three Days/week (MWF)	\$3,200	\$320
	Two Days/week (T/Th)	\$2,300	\$230

Three Year Olds Children turn 3 by September 30			
Class Option		Annual Tuition	10 monthly Payments
	Five Days/week (M-F)	\$5,200	\$520
	Three Days/week (MWF)	\$3,200	\$320
	Two Days/week (T/Th)	\$230	\$230

Toddlers (18 months and up) and Two year old Classes Children do not need to be potty trained			
Class Options Children are grouped according to age range.		Annual Tuition	10 monthly Payments
	Five Days/Week (M-F)	\$5,750	\$575
	Three Days/week (M-W-F)	\$3,700	\$370
	Two Days/week (T/Th)	\$2,750	\$275

Mom's Day Out is a drop-in program. Parents may select any weekday. Parents sign up for each day as space permits. Payment is due the day of attendance.

Children 17- 30 months Children do not need to be potty trained		
	Monday - Friday	\$40/day

Terms for payment of tuition:

1. A registration fee is due at time of registration. *This fee is non-refundable.*
2. The first tuition payment is due August 1st. Payment choices include paying in full, twice a school year, or each month for ten months. Monthly payments begin August 1 and continue September 7th through May 7th.
3. If a child is registered after September 4th, tuition will be prorated The first payment is due with registration. Subsequent payments are due the 7th of each month and may be extended to a June payment.
4. Parents must give forty five (45) days notice of withdrawal to the preschool office. If less than 45 days notice is given, parents are responsible for tuition for the 45 days from the date of written notification. **There are no refunds or prorating of tuition after April 1st.**
5. **August tuition installments are not refundable after July 1st.**

 PARENT or GUARDIAN SIGNATURE

 Date

Office Use Only

Date reg. pd. _____

Ck. # _____ amn't. _____

1st tuition payment date _____

Ck # _____ amn't. _____

acknowledgment _____

Please answer the following questions.

How did you learn about Bethany Lutheran Preschool? _____

If referred by a friend, what is their name? _____

What is your family church affiliation (eg. Lutheran, Christian, Muslim, none) _____

Primary language spoken at home _____

If not English, what is the national origin of your primary language? _____

Names and ages of child's siblings _____

Has your child attended a preschool program? NO () YES () _____
(Name and location of program)

Does your child receive developmental services? NO () YES () (If yes, briefly explain type of service)

Are there any conditions that may affect your child's participation in school activities? Please explain.

Photograph Permission

During the school year, photos are taken of class activities, special events, for classroom displays, etc. Please initial on the line to give Bethany Lutheran Preschool permission to display in the classroom or hall, publish in print, website or preschool Facebook page, photos that include your child.

(initial here) _____

Class Lists

Each student receives a list of classmates with contact information. This resource is great for coordinating play dates, helping with transportation needs, sending party invitations, etc. The class list will included the student's name, address, parent's names, address, phone number and email address.

Please initial on the line to give Bethany Lutheran Preschool permission to include your child's information on the class list.

(Initial here) _____

Signature of parent or legal guardian _____ Date _____

Bethany Lutheran Preschool admits students of any race, color, religion, or national or ethnic origin.

Bethany Lutheran Church and Preschool

Preschool Parent Questionnaire

Date _____

Date of Birth _____

Name of Child _____

Sex _____

Ethnicity _____

FAMILY INFORMATION

Mother's full name	Father's full name
Mom's place of employment	Dad's place of employment

With whom does your child live? _____

Name and ages of siblings? _____

Names of others who live in the home _____

STUDENT INFORMATION

Has your child previously attended preschool or day care? _____

List any physical concerns, pertinent developmental information, etc. that would affect participation in school activities.

Does your child regularly receive medication that may affect his classroom experience? _____

If yes, explain _____

Does your child have asthmatic episodes? If yes, when does it occur and how is it treated? _____

Does your child have allergies? _____

allergy	symptoms	treatment	special concern

DEVELOPMENTAL MILESTONES

At what age did your child: crawl _____ walk _____ begin to feed self _____

say first words: _____ use 2 word phrases _____ use short sentences _____

Check the statements that describe your child. You may make any comments or clarifications.

	Is very active
	Is very quiet
	Is generally happy
	Enjoys playing with children his/her age
	Is fully potty trained during the day
	Dresses himself with minimal help
	Can zip and button her clothing
	Can be left with a babysitter that is not a family member
	Usually follows directions willingly
	Is very sensitive to certain sounds (ex. Vacuum, noise of large groups, music)
	Can sit and listen to a storybook
	Is comfortable with new people or places
	Cries easily
	Is very caring towards other children or family members
	Prefers playing alone rather than with other children
	Prefers playing with adults or older children
	Is very shy
	Is very social
	Can be understood when speaking to strangers or other non-family members
	Is loved by family

Does your child receive developmental services or has developmental testing or services been recommended? _____

Explain: _____

Other information you would like to share about your child: _____

Parent signature _____ Date _____

Bethany Lutheran Church & Preschool

2017 - 2018

PLEASE PRINT CLEARLY

Emergency Information In the event your child becomes ill or injured, staff will attempt to first notify parents or call emergency contacts. If the event is deemed an emergency, the school will call 911. This form is shared with emergency responder.

NAME OF CHILD	DATE OF BIRTH	GENDER
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FAMILY INFORMATION

Mother's full name	Father's full name
Address	Address
Home phone	Home phone
Work phone	work phone
Cell	Cell
Email address	Email address
With whom does child live?	

CONTACT INFORMATION

List 2 **local** contacts, other than parents, who have permission to pick up your child from school.

Please indicate who is willing to pick-up your child in the event of an emergency.

Name	phone numbers	relationship to child

CURRENT HEALTH CONDITIONS

Please indicate any current health conditions that may require attention during the school day. Include allergies to food, insects, plants or environment as well as any medical conditions such as asthma, diabetes, physical limitations, etc.

Emergency Information continued

Physician Information

List all medications and dosages your child receives on a continual basis

Name of medication	Dosage	How frequently is medication taken?

My child's medical care is provided by _____
(Name of doctor, clinic, HMO) (Phone)

Does your child have health insurance? _____

If yes, medical coverage is provided by _____
Name of insurance company (Phone)

Name of Participant _____

Relation to child _____

Please describe social or developmental factors or medical concerns, if any, that you feel should be brought to the attention of the school.

In the event your child becomes ill, staff will attempt to first notify parents and the parent agrees to pick up their child in a timely manner. If parents cannot be reached, staff will call emergency contacts to pick-up the child.

***In case of an emergency, the school will contact 911.
Every attempt will be made to contact a parent, or designated emergency contact.***

Parent or legal guardian

Date _____