



OUTREACH CHRISTIAN PRESCHOOL

P.O. Box 394, 20 3rd Street
New Albany, Ohio 43054
Julie Bouza and Lynn Reid, Directors

Office Use	
Date Rec. _____	\$ Rec. _____
Class _____	Waiting _____
Extended M _____ T _____ W _____ R _____ F _____	
ID # _____	Open House _____

614-855-4100
ocpnapreschool@gmail.com

REGISTRATION FORM

School Year 2017-2018

Date _____

Name of Child _____ Male Female
(Last) (First) (Middle)

By what name should we call your child while at preschool? _____

Date of Birth _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Primary E-mail _____

YOUR CHILD'S FAMILY

Father/Guardian

First Name _____

Last Name _____

Resides with the child? Yes No

Cell Phone _____

Email _____

Employer _____

Occupation _____

Work Phone _____

Mother/Guardian

First Name _____

Last Name _____

Resides with the child? Yes No

Cell Phone _____

Email _____

Employer _____

Occupation _____

Work Phone _____

Parents are: Married Divorced Separated Other _____

In Case of Divorce or Separation further information and custody papers will be requested.

Describe any home situations we should be aware of (out of town travel, other languages spoken, adoption, etc.)

List members of the household other than this child and parents (siblings, step-parent, grandparent, etc.)

NAME	GENDER	RELATIONSHIP	AGE

GETTING TO KNOW YOUR CHILD

Describe your child's personality. _____

Explain anything that may be of help in understanding your child. (speech, hearing, vision, nervous habits, fears, etc.)

What group experience has your child had; where and how long? (Preschool, play group, church, etc.)

Class(es) attended at OCP _____

Name babysitter or additional child care your child will be at while attending OCP. _____

List any concerns you may have with your child interacting at preschool.

List hobbies, talents or interests your family can share with the children. _____

Which hand does your child prefer? Left Right Is your child potty trained? Yes In process

What school district do you anticipate your child attending Kindergarten? _____

Does your family have a home church? No Yes Where? _____

How did you first hear about OCP? _____

What do you hope to have your child gain from a preschool experience? _____

CLASS PREFERENCE

A \$50.00 registration (\$35.00 per additional child in family) non-refundable fee must accompany your registration form.
Provide 1st/2nd/3rd choice for your child's age. Children will be placed according to year going to Kindergarten.
Classes are filled by first come basis with minimum and maximum number of student requirements.
First month tuition will be due by August 1, 2017.

PRE-K CLASSES – children eligible for Kindergarten Fall, 2018

5 days 4-5 year olds by August 1
M-T-W-T-F am 9:00 – 11:30 _____
Tuition \$240.00

4 days 4-5 year olds by August 1
T-W-T-F 9:00 – 11:30 _____
Tuition \$215.00

3 days 4-5 year olds by August 1
M-W-F 9:00 – 11:30 _____
T-W-T pm 12:30 – 3:00 _____
Tuition \$180.00

EXTENDED DAY 3-5 year olds (no Tot Time)
11:30-3:00 following am class
Choose day(s) M ___ T ___ W ___ R ___ F ___
**Tuition \$100/month 1 day; \$180/mo 2 days;
\$260/mo 3 days; \$340/mo 4 days; \$420/mo 5 days**

3 YEAR OLD CLASSES – 2 years from Kindergarten

3 days 3 year olds by August 1
M-W-F 9:00 – 11:30 _____
Tuition \$180.00

2 days 3 year olds by August 1
M-W 9:00 – 11:30 _____
T-T 9:00 – 11:30 _____
T-T pm 12:30 – 3:00 _____
Tuition \$140.00

TOT TIME 2 ½ YEAR OLD CLASSES

2 day Tot older 2 ½ (2 by December 31, 2016)
T-T 9:15 – 11:15 _____
Tuition \$140.00

1 day Tot 2 ½ year olds (2 by March 31, 2017)
Friday 9:15 – 11:15 _____
Tuition \$80.00