

OUTREACH CHRISTIAN PRESCHOOL

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

| Office Use | | | | | | |
|-----------------|----------------|---------|---|---|--|--|
| Date Rec | Date Rec\$ Rec | | | | | |
| Class | | Waiting | | | | |
| Extended M_ | T | W | R | F | | |
| ID # Open House | | | | | | |
| | | | | | | |

614-855-4100 ocpnapreschool@gmail.com

REGISTRATION FORM Date ____ **School Year 2017-2018** Name of Child _____ Male □ Female □ (Last) (First) (Middle) By what name should we call your child while at preschool? Home Phone ____ Date of Birth Address _____ City _____ State ___ Zip ____ Primary E-mail _____ YOUR CHILD'S FAMILY Father/Guardian Mother/Guardian First Name ____ First Name Last Name Last Name Resides with the child? Yes □ No □ Resides with the child? Yes \square No \square Cell Phone _____ Cell Phone _____ Email _____ Email _____ Employer _____ Employer _____ Occupation ____ Occupation ___ Work Phone ____ 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, et | | | | | | | |
| 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 □ | | | | | | | |
| | t do you anticipate your child attending Kin | | | | | | |
| 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 1 st /2 nd /3 rd 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 5 days M-T-W-T-F | - children eligible for Kindergarten Fall, 2018 4-5 year olds by August 1 9:00 – 11:30 Tuition \$240.00 | 3 YEAR OLD CI 3 days M-W-F T-W-T pm | _ASSES – 2 years from Kindergarten 3 year olds by August 1 9:00 – 11:30 12:30 – 3:00 Tuition \$180.00 | | | | |
| 4 days T-W-T-F T-W-T-F pm | 4-5 year olds by August 1 9:00 – 11:30 12:30 – 3:00 Tuition \$215.00 | <u>2 days</u> T-T T-T pm | 3 year olds by August 1 9:00 – 11:30 12:30 – 3:00 Tuition \$140.00 | | | | |
| 3 days M-W-F T-W-T pm | 4-5 year olds by August 1 9:00 – 11:30 12:30 – 3:00 Tuition \$180.00 | TOT TIME 2 ½ \ 2 day Tot T-T | <u>YEAR OLD CLASSES</u> older 2 ½ (2 by December 31, 2016) 9:15 – 11:15 Tuition \$140.00 | | | | |
| EXTENDED DAY | 3-5 year olds (no Tot Time) | | | | | | |

1 day Tot Tuesday 2 1/2 year olds (2 by March 31, 2017)

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