

FRIENDSHIP CELEBRATION PRESCHOOL

765 East Chinden Blvd., Meridian, ID 83646

ljensen@friendshipcelebration.org / 208-288-2404

Office Use Only Ck _____ Ca _____ CC _____

Date Rec'd _____ Reg Fee _____

Class _____

Immunizations _____ Birth Cert. _____

STUDENT INFORMATION

Student's Name _____ Gender: M/F

Nick Name _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Age _____ Home Phone _____ Cell _____

Has student attended Preschool? Y / N Where? _____

Right-Handed _____ Left-Handed _____ Ambidextrous _____ Email _____

Daytime Caregiver's Name _____ Phone _____

Please list names of other children in family and their ages _____

T-Shirt Size: XS or S (your child will receive a free shirt with registration)

FAMILY INFORMATION

Father/Guardian Name _____ Cell _____

Home address _____ Employer _____

Mother/Guardian Name _____ Cell _____

Home address _____ Employer _____

Family Church _____ Is your child Baptized? Y / N

EMERGENCY INFORMATION

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Specific Allergies and Other Conditions – if none, please write NONE _____

Two other persons we may contact in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

ENROLLMENT -2

IMMUNIZATIONS: Friendship Celebration Preschool requires complete immunization records on file for each enrolled student. All registrants must submit a copy of this information prior to attending.

IN CASE OF EMERGENCY: As the parent of legal guardian of the child named on this form, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian _____

Date _____

PLEASE NOTE: I give Friendship Celebration Preschool permission to photograph and/or video tape my child for public relation promotions for their program.

Please Initial the appropriate line: _____ I DO give my permission _____ I DO NOT give my permission

Child's favorite activities & toys _____

If upset, how does your child like to be comforted? _____

What do you expect your child to gain from preschool? _____

Hobbies/skills you can share with our class? _____

FEES AND REQUIREMENTS 2021-2022

Friday 2's class: \$ 65 Tuition/mo - \$ 50 Registration fee	2's a.m. class time: 9:30-11:30 am
Two-day class: \$130 Tuition/mo - \$100 Registration fee	3 & 4's a.m. class time: 9:00-11.30 am
Three-day class: \$190 Tuition/mo - \$100 Registration fee	3 & 4's p.m. class time: 12:30-3:00 pm
Four-day class: \$250 Tuition/mo - \$100 Registration fee	4 Day Pre-K class time: 8:30-11:30 am /12:30-3:30 pm

REGISTRATION FEES ARE NON-REFUNDABLE. FIRST MONTH'S TUITION IS DUE SEPTEMBER 10, 2021.

Please send in a check payable to Friendship Celebration Preschool or complete an auto pay authorization form.

2-year-old (A.M.) F _____(1 day)	4-year-old (A.M.) M-W-F _____(3 day)
3-year-old (A.M.) M-W-F _____(3 day)	4-year-old (A.M.) T-TH _____(2 day)
3-year-old (A.M.) T-TH _____(2 day)	4-year-old (P.M.) M-W-F _____(3 day)
3-year-old (P.M.) M-W _____(2 day)	4-year-old (P.M.) T-TH _____(2 day)
Pre-K (A.M.) M thru TH _____(4 day)	Pre-K (P.M.) M thru TH _____(4 day)

- ❖ Your child is enrolled when we receive (1) copy of immunization records, (2) copy of birth certificate, (3) registration fee, (4) registration form.