

ALBEMARLE ROAD PRESBYTERIAN CHURCH WEEKDAY SCHOOL

6740 Albemarle Road
P. O. Box 25903
Charlotte, NC 28229-5903
704-536-3384
weekdayschool@arpcusa.org

Please print in black ink.

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

Name you prefer your Child to be called _____ Male _____ Female _____

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

Child's Date of Birth: Month _____ Day _____ Year

Child's Place of Birth _____

Mother's Name _____ Employer _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email address _____

Father's Name _____ Employer _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email address _____

Marital status of parents _____ Religious Affiliation/Church: _____

Father/Mother's address if different from child's _____

In case of an emergency or illness during school hours, who are we to notify if we are unable to get in touch with either one of the parents? Be sure that the people you list are notified that they may be called.

Name _____ Phone _____ Relationship

Name _____ Phone _____ Relationship

Pediatrician _____ Phone

Dentist _____ Phone

Other Children in Family

Brothers _____ Age _____ Sisters _____ Age _____

Other adults living in the home _____

Does your child have any known allergies? _____ Is Epipen required? _____

If so, please list them _____

Please list any dietary or medical information _____

Please list any special conditions or disabilities _____

Is your child receiving Speech or therapy services? _____

Does your child dress himself and attend to his own personal needs? _____

Are you aware of any fears or anxieties your child has? _____

Does your child have any problems connected with sleep? _____

What time does your child go to bed at night? _____

What time does your child get up in the morning? _____

Does he take a daily nap? _____ If so, how long? _____

Is your child potty trained? _____ How much of the time? _____

Does your child attend Church School on Sunday? _____

Name of last preschool attended? _____

What contact does your child have with other children and what age are the children? _____

Does your child have a pet? _____ Type and Name: _____

What are your child's main interests? _____

Does your child enjoy looking at books and having someone read to him? _____

Does your child have any responsibilities around the house or yard? _____

What methods of discipline have you found to be effective with your child? _____

What languages does your child speak or understand? _____

What languages are spoken in the home? _____

What information regarding your child's background would benefit us in understanding your child? _____

Is there any other information which would be beneficial to us in further understanding your child? _____

REGISTRATION FEES

Please complete this application and return the first two pages with the registration fee. Keep this page and the Physician Report(see note at bottom of page).

The registration fees for Fall 2010 are:

- \$60.00 - One year, and two year classes
- \$65.00 - Three and four year classes
- \$70.00 - One, two, or three year - five day class
- \$75.00 - Four year old - five day class

A space will be reserved for your child when this form and the registration fee are received. The registration fee is non-refundable after June 1, 2010. If you have more than one child to register, you may pay one child's registration fee now, and it will hold the space for your second child. The second child's registration must be paid by May 26, 2010.

Albemarle Road Presbyterian Church members receive a \$5.00 discount on the registration fee.

TUITION INFORMATION

Please write the class you are registering for Fall 2010 on the front of the application.

Your child must be the age you are registering for by August 31, 2010. The tuition fees are monthly.

One year classes	1 day	Wed	\$ 50.00
	2 days	TTH	\$ 85.00
	3 days	MWF	\$110.00
Two year classes	2 days	TTH	\$ 85.00
	3 days	MWF	\$110.00
	5 days	MTWTHF	\$165.00
Three year classes	2 days	TTh	\$ 85.00
	3 days	MWF	\$110.00
	5 days	MTWTHF	\$165.00
Four year classes	3 days	MWF	\$110.00
	5 days	MTWTHF	\$165.00

Families with more than one child attending our program are entitled to a 10% reduction on their second child's tuition each month.

EXTENDED SESSION will be \$3.00 each day that your child stays until 1:30.

PHYSICIAN REPORT

The Physician report attached to the registration form must be turned in by September 2010. A current report is due each year. Request that your child's physician fill out this form at his/her next physical. If your child has recently had his physical, the physician can fill out the form and mail it to the school. The form can be faxed to 704-537-1284.