

Class registering for: Age \_\_\_\_\_ Days \_\_\_\_\_

# 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 Child goes by \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Child's Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Child's Birthplace \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Mother'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 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### Other Children living in Family

Brothers \_\_\_\_\_ Age \_\_\_\_\_ Sisters \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

Other adults living in the home \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_ If so, please list them

\_\_\_\_\_

Please list any dietary or medical information \_\_\_\_\_

Please list any special conditions or disabilities \_\_\_\_\_

Does our child dress himself and attend to his own personal needs? \_\_\_\_\_

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

If so, what? \_\_\_\_\_

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 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? \_\_\_\_\_

If so, what? \_\_\_\_\_

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 2009 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, 2009. 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 22, 2009.

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 2009 on the front of the application.**

**Your child must be the age you are registering for by August 31, 2009.**

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 2009. 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.