Office Use Only Classroom Assignment \_\_\_\_\_ Registration Fee Enclosed\_\_



## First Kids Preschool Application Form 2023-2024

Thank you for your interest in attending First Kids Preschool. Our award-winning program is supported by a loving and highly-trained staff, dedicated to providing a nurturing, hands-on and developmentally appropriate educational experience for your child. Portfolio Assessments, Music and Movement classes, Chapel time, and Parent Workshops are all included in our program. Applications submitted by *February 28, 2023* will be processed with priority given to church members, followed by current enrollees and siblings of current enrollees, and then to new applicants. Confirmation notices will be mailed by March 15, 2023. Applications received after February 28th will be processed on a first-come, first-served basis. Please email our office at <a href="mailto:frstkids@yahoo.com">frstkids@yahoo.com</a> if you have any questions or to schedule a tour.

You may mail your completed application form and *non-refundable* registration fee (checks, money orders or cash) only to: First Kids P.O. Box 789 Concord, NC 28026-0789 or drop it in the black mailbox hanging on the ramp outside the preschool office, located in the Will Young Building of the First Presbyterian Church located at 70 Union St. North.

Name of Child			Sex: M or F
(First)		(Last)	
Name called	. ,	-	
Address		Zip	
	(City)		
Date of Birth	Age on A	ugust 31, 2023	
	-	(Year/s)	(Month/s)
Family Information		. ,	
Parent 1's Name		Cell Phone	
Address (if different from abov			
Where employed			
Business Phone			
Parent 2's Name		Cell Phone	
Address (if different from abov	e)		
Where employed			
Business Phone	Fai	nily Email Addresses	
Religious Affiliation			
Are you a current member of F	irst Presbyterian Ch	urch? Yes No (plea	se circle)

First Kids Preschool and First Presbyterian Church of Concord occasionally use names and/or photographs of enrolled children in their newsletters, websites, emails, and social media postings. If you prefer that your child's name and/or photograph **not** be included in these publications, **you** must notify First Kids Preschool **in writing**. A class list is distributed to families in each class for the purposes of arranging play dates, sending birthday party invitations, etc. If you prefer that your family's contact information **not** be included on this list, **you** must notify First Kids Preschool **in writing**.

Emergency Contact Information       Child's Name         Name of Child's Doctor       Office Phone         Name/Location of Practice
Name of Child's Dentist       Office Phone         Name/Location of Practice       Hospital Preference         Does your child have any known health concerns (i.e. asthma, allergies, chronic health issues, developmental delays, etc.? If yes, please explain
Name/Location of Practice         Hospital Preference         Hospital Preference         Does your child have any known health concerns (i.e. asthma, allergies, chronic health issues, developmental delays, etc.? If yes, please explain         As required by both the American Academy of Pediatrics (http://www.aap.org/) and First Kids, my child will be up-to-date on all immunizations by the first day of school.         Yes / No (Circle one)         If neither parent (or guardian) can be contacted please call         Name       Relationship to child         Cell Phone       Office/Home Phone         Name       Relationship to child         Cell Phone       Office/Home Phone         Name       Relationship to child         Cell Phone       Office/Home Phone         In the event, I cannot be reached to make arrangements for emergency medical attention, I authorize First Kids         Preschool staff to make those arrangements. I give consent for any, and all treatment deemed necessary by the attending physician.         (Signature of Parent)       (Date)         Z023-2024 Registration Selection- Please indicate your first (1) second (2) and third (3) choice preferences -where applicable in the space provided. The annual tuition is listed below but may be paid in 9 equal monthly payments. Your first month's tuition is due by July 1 and once paid, is <i>mon-refundable</i> to hold a child's spot for the fall. Payments are then due on the 1st of each month September-April.         Choice
Hospital Preference
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One-Year (12 months) MWF 9-12:45 \$2025.00 / \$225.00
One-Year (12 months)         M-F         9-12:45         \$3330.00 / \$370.00           Two A (24 months)         MW         0.12:45         \$1440.00 / \$160.00
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Two A (24 months)         MWF         9-12:45         \$2025.00 / \$225.00           Two A (24 months)         T/Th         9-12:45         \$1440.00 / \$160.00
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Throp A (36 months) MWE 0 12:45 \$2025.00 (\$225.00
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Three A (36 months)         T/Th         9-12:45         \$1440.00 / \$160.00           Three A (36 months)         M-F         9-12:45         \$3330.00 / \$370.00

**Registration Fee**: \$80.00 for the first child, \$70.00 for each sibling. Registration Fee is *nonrefundable* unless all classes in your child's age group are full. First Kids reserves the right to place children where appropriate.