

**College Parkway Baptist Church's  
Creative Beginnings Preschool  
P.O. Box 859, Arnold, MD 21012**

The following 2010-2011 school year registration instructions apply for all **currently enrolled students and their siblings, prior student's siblings, and members of the College Parkway Baptist Church** .

Currently enrolled students, their siblings, prior student's siblings, and members of the College Parkway Baptist Church will receive priority over outside applicants. However, due to the high demand for certain classes, even those families currently enrolled may have to compete by a lottery for certain spaces. The in-house registration form, emergency form and registration fee must be in our office by February 1, 2010 in order to qualify for priority enrollment. There will be no preference assigned to the forms being in earlier than this date. Everything possible will be done to place your child in a class that you have requested. Forms and fees received after February 1, 2010 by currently enrolled students, their siblings, prior student's siblings, and church members will be accepted with those received from outside applicants.

The registration form, emergency form, and registration fee must either be turned in to the office or mailed to the address listed above. Any forms that are mailed must have reached our office by February 1, 2010 in order to be considered for priority registration. There are limited spaces in all classes so it will not be possible to guarantee that you will receive your first choice. Please give us as many choices as possible that will work for your child to ensure a space in the school.

**Registration Fee:** A registration fee of **\$85.00** must accompany a completed registration and emergency form for each child you are registering. Please print the **Child's Name** and **2010-2011 Registration Fee** on the memo line of your check. If your child is accepted into a class, this check will be non-refundable.

**Tuition:** Upon receiving notification that your child has been accepted into a class, a non-refundable deposit equal to one month's tuition will then become due. This deposit will be due 10 days from the date of your Acceptance Letter. This non-refundable deposit will become your child's May 2011 tuition payment. If applying after the date Acceptance Letters are sent out, this non-refundable deposit is due at the time of registration.

If you have any questions, please call April Saba, Director, at 410-647-9224 during school hours.

**College Parkway Baptist Church's  
Creative Beginnings Preschool  
2010-2011 REGISTRATION FORM  
(Please Print Clearly)**

**CHILD'S NAME** \_\_\_\_\_

Please mark your choices by indicating 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> below.

**TWO YEAR-OLD CLASSES: CHILD MUST BE 2 BY SEPTEMBER 1, 2010**

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
MON/WED	9:00-11:30	AM	\$199.50	
TUES/THURS	9:00-11:30	AM	\$199.50	
FRIDAY	9:00-11:30	AM	\$105.00	

**PRE-THREE YEAR-OLD CLASSES: CHILD MUST BE 3 BY DECEMBER 31, 2010  
AND BE TOILET TRAINED**

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
TUES/THURS	9:00-11:30	AM	\$199.50	
TUES/THURS	12:30-3:00	PM	\$199.50	

**THREE YEAR-OLD CLASSES: CHILD MUST BE 3 BY SEPTEMBER 1, 2010  
AND BE TOILET TRAINED**

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
MON/WED/FRI	9:00-11:30	AM	\$210.00	
MON/WED/FRI	12:30-3:00	PM	\$210.00	
TUES/THURS	9:00-11:30	AM	\$157.50	
TUES/THURS	12:30-3:00	PM	\$157.50	

**PRE-K FOUR YEAR-OLD CLASSES: CHILD MUST BE 4 BY SEPTEMBER 1, 2010  
AND BE TOILET TRAINED**

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
MON/WED/FRI	9:00-11:30	AM	\$210.00	
MON/WED/FRI	12:30-3:00	PM	\$210.00	
MON-FRI	9:00-11:30	AM	\$325.50	
MON-FRI	12:30-3:00	PM	\$325.50	
MON-FRI	9:00-2:00	AM/PM	\$499.00	

I am also enrolling another child (name) \_\_\_\_\_ in the (age) \_\_\_\_ year-old class this year.

**(PLEASE FILL OUT THE BACK OF THIS FORM.)**

# EMERGENCY FORM

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_ Explain & list medications if applicable \_\_\_\_\_

Does your child have any fears that should be known to the teacher? If so, please explain. \_\_\_\_\_

Does your child have any special needs? (For example: visual, speech/language, hearing, motor coordination, emotional, behavioral, other) If so, please explain. \_\_\_\_\_

Does your child have a current IEP or is he/she receiving related services? If so, please explain. \_\_\_\_\_

Does your child dress without help? \_\_\_\_\_

Has your child gone to preschool or day care before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Does your child take any regular medications? \_\_\_\_\_ If so, what? \_\_\_\_\_

**NOTE: ALL STUDENTS EXCEPT THOSE IN THE TWO YEAR-OLD CLASSES ARE REQUIRED TO BE TOILET TRAINED.**

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

A registration fee of \$85.00 must accompany this form. Upon receiving notification that your child has been accepted into a class, your registration fee will become non-refundable. A non-refundable deposit equal to one month's tuition will then become due. This deposit will be due 10 days from the date of your Acceptance Letter. This non-refundable deposit will become your child's May 2011 tuition payment.

If applying after the original Acceptance Letters are sent out, the entire non-refundable deposit is due at the time of registration.

Check # \_\_\_\_\_ Check Amount \_\_\_\_\_ Cash Amount \_\_\_\_\_