

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

The following 2009-2010 school year registration instructions apply for all **new students**.

Currently enrolled students, their siblings, prior student's siblings, and members of the College Parkway Baptist Church will be enrolled first and the remaining spaces will then be available for new students. If there is a higher demand than spaces available, they will be filled by a lottery. The registration form, emergency form, and registration fee must be in our office by February 6, 2009 in order to be considered for the initial enrollment period. 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.

The registration form, emergency form, and registration fee must either be turned in to the office or mailed to the address listed above. 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 insure 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 **2009-2010 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 may be made in two equal payments. One half of your child's monthly tuition will be due 10 days from the date of your Acceptance Letter. The remaining amount will be due by May 10, 2009. This non-refundable deposit will become your child's May 2010 tuition payment. If applying after May 10, 2009, the entire 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
2009-2010 REGISTRATION FORM
(Please Print Clearly)**

CHILD'S NAME _____

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

TWO YEAR-OLD CLASSES: CHILD MUST BE 2 BY SEPTEMBER 1, 2009

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
MON/WED	9:00-11:30	AM	\$190.00	
TUES/THURS	9:00-11:30	AM	\$190.00	
FRIDAY	9:00-11:30	AM	\$100.00	

**PRE-THREE YEAR-OLD CLASSES: CHILD MUST BE 3 BY DECEMBER 31, 2009
AND BE TOILET TRAINED**

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
TUES/THURS	9:00-11:30	AM	\$190.00	
TUES/THURS	12:30-3:00	PM	\$190.00	

**THREE YEAR-OLD CLASSES: CHILD MUST BE 3 BY SEPTEMBER 1, 2009
AND BE TOILET TRAINED**

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
MON/WED/FRI	9:00-11:30	AM	\$200.00	
MON/WED/FRI	12:30-3:00	PM	\$200.00	
TUES/THURS	9:00-11:30	AM	\$150.00	
TUES/THURS	12:30-3:00	PM	\$150.00	

**PRE-K FOUR YEAR-OLD CLASSES: CHILD MUST BE 4 BY SEPTEMBER 1, 2009
AND BE TOILET TRAINED**

DAYS	TIME	SESSION	MONTHLY FEE	CHOICE
MON/WED/FRI	9:00-11:30	AM	\$200.00	
MON/WED/FRI	12:30-3:00	PM	\$200.00	
MON-FRI	9:00-11:30	AM	\$310.00	
MON-FRI	12:30-3:00	PM	\$310.00	
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? _____

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 may be made in 2 equal payments. One half of your child's monthly tuition will be due 10 days from the date of your Acceptance Letter. The remaining amount will be due by May 10, 2009. This non-refundable deposit will become your child's May 2010 tuition payment.

If applying after May 10, 2009, the entire non-refundable deposit is due at the time of registration.

Check # _____ Check Amount _____ Cash Amount _____