

# Prosperity Presbyterian Church Preschool

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## REGISTRATION - School Year 2024 – 2025

**PARENTS PLEASE PRINT CLEARLY IN CAPITAL LETTERS.**

Date registered \_\_\_\_\_

Name of Child \_\_\_\_\_  
first last

Address \_\_\_\_\_  
street city state zip

Birthday \_\_\_\_\_ gender \_\_\_\_\_ male \_\_\_\_\_ female

How did you hear about us? \_\_\_\_\_

Check appropriate days in order of preference:

**Readiness Class:** \_\_\_\_\_ Tues. Wed. Thurs. (3 Days)  
**Must be 4 by August 31** \_\_\_\_\_ Mon. Tues. Wed. Thurs. (4 Days)  
**Must be potty-trained**

**Intermediate Class:** \_\_\_\_\_ Tues. Wed. Thurs. (3 Days)  
**Must be 3 by August 31** \_\_\_\_\_ Mon. Tues. Wed. Thurs. (4 Days)  
**Must be potty-trained**

**Beginner Class:** \_\_\_\_\_ Mon. Wed. (2 Days)  
**Must be 2 by August 31** \_\_\_\_\_ Tues. Thurs. (2 Days)  
\_\_\_\_\_ Mon. Tues. Wed. Thurs. (4 Days)

**Tuition Fee Schedule:** Two days a week \$250.00 monthly  
Three days a week \$290.00 monthly  
Four days a week \$310.00 monthly

**Registration Fee:** \$150.00 first child - \$90.00 Siblings

Enclosed when returning the form.

The first tuition payment is due by **April 25, 2024**. Thereafter, payments are paid monthly in advance September – April. Payments are due by the first of each month according to the Handbook schedule. Registration fees and the first month's tuition are non-refundable.

**Birth Certificate is required at the time of registration.**

**PARENTS PLEASE PRINT CLEARLY IN CAPITAL LETTERS.**

**Family Information:**

**Father's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Mother's name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Child's Health Information:**

My child has the following medical condition which requires immediate medical attention should it occur at school:

___ Allergy: ___ bee stings	___ Blood condition _____
___ peanut butter	___ Diabetes
___ chocolate	___ Asthma
___ other _____	

Does your child have any dietary restrictions? \_\_\_\_\_ Please list \_\_\_\_\_

My child has special needs in:

\_\_\_ vision \_\_\_\_\_  
\_\_\_ hearing \_\_\_\_\_  
\_\_\_ other \_\_\_\_\_  
\_\_\_ physical \_\_\_\_\_  
\_\_\_ Emotional \_\_\_\_\_  
\_\_\_ Behavioral Challenges or needs? \_\_\_\_\_

My child is potty trained and wears regular underwear during the day:

\_\_\_ yes (required for 3's and 4's)

■ **A Health Assessment Report**, completed by physician, is required prior to beginning pre-school. Immunizations must be up-to-date.

■ Please provide a copy of child's **Birth Certificate** with **Registration form** and the **Parent's Response form**.

**Group play information**

Please give any information concerning your child which will be helpful in his/her experience in group playing (such as likes, dislikes, fears, etc.) \_\_\_\_\_

Favorite activities? \_\_\_\_\_

**Personality and Development**

My child is (check all appropriate):

- |                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Dependent    | <input type="checkbox"/> Stubborn      | <input type="checkbox"/> Quiet       |
| <input type="checkbox"/> Good-natured | <input type="checkbox"/> Even-tempered | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Shy          | <input type="checkbox"/> Moody         |                                      |

Do you have any concerns about any aspect of your child's development? (speech, coordination, etc.)

Describe child's previous school experience: \_\_\_\_\_

What do you hope will be included in your child's pre-school program: \_\_\_\_\_

**Discipline in Preschool**

Disciplinary problems will be dealt with by placing the child in "time out." The child will be placed in a chair in the room, away from the rest of the children, and will miss current activities for the number of minutes corresponding to his/her age (2's for 2 minutes 3's for 3 minutes, 4's for 4 minutes). In the case of continued and chronic disobedience, the child will be placed in "time-out" in the director's office. "Time-outs" are always supervised. The teacher or director will inform the parents of any "time-outs." If the problem continues, the child may be requested to withdraw from the program.

I have read and am in agreement with the disciplinary policy of Prosperity Presbyterian Church Preschool.

\_\_\_\_\_  
Parent's signature (one required)

\_\_\_\_\_  
Date

**Please list siblings of enrolled child:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Others in household (if applicable, grandparents, stepparents, etc...):**

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

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

Language(s) spoken at home other than English \_\_\_\_\_

Religious Affiliation/Church you attend: \_\_\_\_\_

Any special family circumstances we need to be made aware of (please be specific and include any documentation we should keep on file:

\_\_\_\_\_

**Medical Release Form:**

In event an emergency should occur, and we are unable to contact you, we will need your permission to seek medical treatment for your child. Please consider and complete the following statement appropriately:

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_ give permission to the staff (director, teacher, teacher's aide, or pastor) of Prosperity Presbyterian Church Preschool to seek and procure medical attention for my child in case of medical emergency or sudden illness for the 2024-2025 school year. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Prosperity Presbyterian Church Preschool to call 911. I give consent for PPCP staff to provide basic first aid or CPR to my child until medical professionals arrive. PPCP staff will not be held liable for any injuries sustained while providing medical treatment to my child. I also give consent for any and all treatment deemed necessary by the attending medical professionals. I, hereby, agree to pay all reasonable expenses incurred.

\_\_\_\_\_  
Isabelle Dontsop, Director Date

\_\_\_\_\_  
Parent / Guardian Date