



# CARYFBC WEEKDAY PRESCHOOL

218 S ACADEMY ST, CARY, NC 27511 • STACEY BYRD, DIRECTOR

## 2021-2022

### REGISTRATION INFORMATION



[WEEKDAY.CARYFIRST.COM](http://WEEKDAY.CARYFIRST.COM) \* 919-415-1480



# CLASS & FEE INFORMATION

REGISTRATION FEE (ONE-TIME, NON-REFUNDABLE)  
 \$100 (1ST CHILD); \$75 (EACH ADDITIONAL CHILD)

Classes below are representative of the current class offerings and planned offerings for 2021-2022 and are subject to change based on interest and staff availability.

CLASS/DAYS	AGE REQUIREMENT	MONTHLY TUITION	SUPPLY FEE (ONE TIME, NON-REFUNDABLE)
<b>18 MONTHS OLD</b> (2 DAYS)	MUST BE 1 YEAR OLD BY FEBRUARY 28, 2021	\$180	\$25
<b>TWO YEAR OLDS</b> (2 DAYS)	MUST BE 2 YEARS OLD BY AUGUST 31, 2021	\$180	\$25
<b>TWO YEAR OLDS</b> (4 DAYS)	MUST BE 2 YEARS OLD BY AUGUST 31, 2021	\$240	\$25
<b>THREE YEAR OLDS</b> MON/WED/FRI (3 DAYS)	MUST BE 3 YEARS OLD BY AUGUST 31, 2021	\$205	\$25
<b>THREE YEAR OLDS</b> MON-FRI (5 DAYS)	MUST BE 3 YEARS OLD BY AUGUST 31, 2021	\$265	\$25
<b>FOUR YEAR OLDS</b> MON-THU (4 DAYS)	MUST BE 4 YEARS OLD BY AUGUST 31, 2021	\$240	\$30
<b>FOUR YEAR OLDS</b> MON-FRI (5 DAYS)	MUST BE 4 YEARS OLD BY AUGUST 31, 2021	\$265	\$30
<b>EXTENDED DAY FOUR YEAR OLDS</b> MON-FRI (5 DAYS)	MUST BE 4 YEARS OLD BY AUGUST 31, 2021	\$300	\$30
<b>TRANSITIONAL KINDERGARTEN</b> MON-FRI (5 DAYS)	MUST BE 5 YEARS OLD BY DECEMBER 31, 2021	\$300	\$45



# 2021-2022 Application

(Please Print All Information)

FOR OFFICE USE ONLY:

Class	_____		
Date Rec'd	_____		
Payment	Cash	Check #	_____
Rec'd By	_____	Date	_____
Tuition	\$ _____	Reg Fee	\$ _____
Sup Fee	\$ _____	Total Pd	\$ _____

A Non-Refundable Registration Fee must accompany the application. For the first child in a family, the Fee is \$100. For any additional child(ren) in the same family, the Fee is \$75.

Date \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Age on August 31, 2021 \_\_\_\_\_

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

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Child Resides with (circle) Mother Father Both Other

Primary Phone Number \_\_\_\_\_ Primary Email \_\_\_\_\_

Parents' Marital Status (circle) Married Single Divorced Other

How did you hear about FBC Weekday Preschool? \_\_\_\_\_

Church or Religious Affiliation \_\_\_\_\_

Other Children in the Home (names and ages) \_\_\_\_\_

**CLASS REQUEST (circle)**

Age 18mos 2s 3s 4s TK Number of Days Per Week 1 2 3 4 5 Days of the Week M T W Th F

Teacher Preference \_\_\_\_\_ 4s Class Preference Standard (3 hour) Extended

**MOTHER'S INFORMATION**

Mother's First Name \_\_\_\_\_

Mother's Last Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother's Cell # \_\_\_\_\_

Mother's Work # \_\_\_\_\_

Mother's Email \_\_\_\_\_

**FATHER'S INFORMATION**

Father's First Name \_\_\_\_\_

Father's Last Name \_\_\_\_\_

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

Father's Cell # \_\_\_\_\_

Father's Work # \_\_\_\_\_

Father's Email \_\_\_\_\_

Please list two adults to call in an emergency if the parents cannot be reached:

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please list additional adults who have permission to pick up your child(ren)

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

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**MEDICAL/DEVELOPMENTAL INFORMATION**

Please list any medical issue(s) we should be aware of (allergies, medications, etc.)

\*\*Additional forms may be required based on type of medical issue(s) listed.

Has your child ever been evaluated or screened for developmental concerns? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan) or an IFSP (Individualized Family Service Plan)? \_\_\_\_\_

*If yes, please submit a copy of the IEP or IFSP with this application for review by the Director.*

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**PLEASE READ AND INITIAL EACH ITEM BELOW**

\_\_\_\_\_ **Classroom Photographs**

I give permission for my child to be included in individual and/or group photos taken at preschool or on field trips. These photos may be used within the classroom or on crafts, or sent to parents via email or text. Names may or may not be listed with the photos.

\_\_\_\_\_ **Website/Social Media Photographs**

I give permission for my child to be included in group photos taken at preschool or on field trips. These photos may be used on our website and social media pages. No names will be listed with any photos.

\_\_\_\_\_ **Rosters**

I give permission for my child's basic information (name, parents' names, telephone number, and email addresses) to be listed on my child's class roster and distributed to our Parent Committee Chair, and the Room Representative for my child's class.

\_\_\_\_\_ **Field Trips (4s and TK only)**

I give permission for my child to participate in occasional, supervised field trips with his/her class. I understand that I will be informed in advance of the date and destination of each trip.

\_\_\_\_\_ **Tuition**

I understand that tuition for the month of September is due by June 1, 2020 and is non-refundable. Failure to pay may result in the termination of my child's enrollment. I also understand that monthly tuition paid during the school year is due by the 10<sup>th</sup> of each month of preschool starting with September's payment which pays for the month of October, and ending with April's payment which pays for the month of May. Once a tuition payment has been made, it is non-refundable.

\_\_\_\_\_ **Potty Training**

I understand that my child must be completely potty trained to be enrolled in the 3s, 4s and TK classes. Completely potty trained means that the child wears underwear, not diapers or pull-ups, and is able to take care of his/her toileting needs with minimal assistance from a teacher.

\_\_\_\_\_ **Emergency Care**

I authorize the FBC Weekday Preschool Director or another staff member at FBC Weekday Preschool, or at FBC, to secure transportation for my child to a doctor or hospital should I not be available. I further authorize medically qualified personnel to administer any medical attention deemed necessary in an emergency situation. I agree to be financially responsible for any costs incurred.

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**I agree to abide by all of the policies of FBC Weekday Preschool and understand that failure to do so may result in my child's dismissal. I further understand that falsification of the information on this form may result in my child's dismissal.**

**Parent/Guardian Printed Name** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Child's Name \_\_\_\_\_

**Family Information**

Please list for us anyone other than the mother and the father who will be caring for your child:

\_\_\_\_\_

Siblings:

Name	Date of Birth	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Are there other family members, family friends, neighbors, playmates, whom your child sees often and is likely to talk about? Please list their names and relationship to the child.

\_\_\_\_\_  
\_\_\_\_\_

**Child's Personality**

A. Please describe your child's overall personality.

\_\_\_\_\_

B. What are your child's favorite activities?

\_\_\_\_\_  
\_\_\_\_\_

C. Please list things your child is most interested in at this time?

\_\_\_\_\_

D. What are your expectations for your child at FBC Weekday Preschool for this coming school year?

\_\_\_\_\_  
\_\_\_\_\_

E. Are there any areas of concern that you would like to share with us?

\_\_\_\_\_  
\_\_\_\_\_

**Communication/Emotions**

A. What language(s) other than English are spoken regularly at home?

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B. What words does your child use to describe his/her feelings?

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C. How does your child show affection?

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D. What scares your child?

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**Separation**

A. How does your child react when he/she is left with a babysitter?

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B. Please list any care/preschool arrangements your child has had from birth to the present.

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C. Were any of these arrangements difficult for your child?

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**Health History**

A. Please list your child's allergies, if any.

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B. Does your child have any physical restrictions?

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C. Does your child take any medications regularly?

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### Child's Development

- A. Did your child have difficulty at birth or shortly after birth? Were (are) there any concerns about development?  
\_\_\_\_\_  
\_\_\_\_\_
- B. Does your child have any hearing, vision, or speech issues? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- C. Has your child been evaluated or screened for developmental concerns? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
- D. Is your child currently receiving services or has he/she received them in the past? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Discipline

- A. To what forms of discipline does your child respond best (time outs, loss of privileges, etc.)?  
\_\_\_\_\_
- B. Describe a recent situation where you had to discipline your child.  
\_\_\_\_\_

### Family History

- A. Are there any recent or current concerns in your family life (illness, stress, loss) that affect your child, that you would like to share with us?  
\_\_\_\_\_  
\_\_\_\_\_
- B. Is there anything else about your child that you would like to share with us?  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for choosing FBC Weekday Preschool. We know you have choices when it comes to preschools and childcare and we are honored that you allow us to partner with you in educating and nurturing your child.*

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name(s) of Parent(s) \_\_\_\_\_

**Doctor/Office Staff:**

1. Enter the date an immunization was received in the space below **OR** attach a copy of the immunization record.
2. Please sign below to confirm immunizations are current.

Enter date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DTP/DT (circle which)					
*Polio					XXXXXXXXXX
**Hib					XXXXXXXXXX
***Hepatitis B				XXXXXXXXXX	XXXXXXXXXX
*MMR (combined doses)			XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX
****Combined Pox					
OTHER					
OTHER					

\* Required by State Law.

\*\* Required by State law for children born on or after 10/1/88.

\*\*\* Required by State law for children born on or after 7/1/94.

\*\*\*\* Required by State law for children born on or after 4/1/01.

G.S. 130A-155(b) requires all child care facilities to have this information on file.

**I certify that this child, according to our records, is current on all required vaccinations.**

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_