

2021 / 2022

REGISTRATION

FORM

8601 Bryant Farms Road, Charlotte, NC 28277

 CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Name* *Last Name*

MOM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Name* *Last Name*

DAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *First Name* *Last Name*

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street*

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

 *City* *State* *Zip*

MOM’S CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOM’S EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAD’S CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAD’S EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_ Female \_\_\_\_\_\_

 Month / Day / Year

Member of SMPC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sibling of A Preschool Student or Alumni? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate below if your child has any challenges (speech, health) or special needs (physical, social, or emotional) that we should be aware of to insure that your child is successful in our program

Please let us know if your child has any challenges (speech, health) or special needs (physical, social, or emotional) that we should be aware of to ensure that your child is successful in our program.

 *Please Indicate Your Choice For Class Placement Below*

|  |  |  |  |
| --- | --- | --- | --- |
| **2’s Class**(Must be 2 by 8/31/2021) | **3’s Class**(Must be 3 by 8/31/2021)***Must be toilet trained*** | **4’s Class**(Must be 4 by 8/31/2021) | **TK**(Must be 5 by 8/31/2021) |
|  T/TH $230 a month (Younger 2’s) |  MWF $280 a month |  M-TH $325 a month  |  M-F $375 a month |
|  MWF $280 a month (Older 2’s)  |  M-TH $325 a month |  F $50 a month (If space is available)  |  |

|  |
| --- |
| **NON-REFUNDABLE REGISTRATION FEE FOR EACH STUDENT****$100 for Church Members $125 for Non-Members***Payable by Check or Auto Debit for Current Families* **Check # \_\_\_\_\_\_\_\_\_\_\_\_ Auto Debit \_\_\_\_\_\_** *(Processed February 12th)* |

**PLEASE READ AND INITIAL THE FOLLOWING**

\_\_\_\_\_\_\_\_ I understand that all registration fees are **non-refundable** and must accompany the registration form.

\_\_\_\_\_\_\_\_ I understand that **one month’s tuition is due by May 7, 2021 to hold the place**. **This payment will be applied to May’s 2022 tuition**. Failure to do so will forfeit my child’s reserved space in the SMPC Preschool program.

\_\_\_\_\_\_\_\_ I understand that tuition is due by the 7th of every month. My first payment will be due in September.

\_\_\_\_\_\_\_\_ I agree to discuss with the director, prior to enrollment, any challenges (speech, health) or special needs (physical, social, or emotional) that my child has and agree to abide by all policies as stated in the parent handbook.