

FRIEND-SHIP PRESCHOOL

ENROLLMENT AGREEMENT and REGISTRATION 2026/2027

Enrolling in class:

Preschool - 3 year old class

Tuition cost per month: \$125.00

(T/TH – 8:45 to 11:15 am)

*child must be 3 by September 1st and toilet trained

Early Drop-off Option at 8:15:

Preschool 3's - \$20 additional per month

Pre-K 3-day - \$30 additional per month

Pre-K 5-day - \$50 additional per month

*Active members of SCLC receive a \$10 per month discount – Check here if member _____

3-day Morning Pre-Kindergarten (4-5 yr. olds)

Tuition cost per month: \$175.00

(M/W/F – 8:45 to 12:00 pm)

*child must be 4 by September 1st and toilet trained

5-day Morning Pre-Kindergarten (4-5 yr. olds)

Tuition cost per month: \$275.00

(Mon. – Fri. – 8:45 to 12:00 pm)

*child must be 4 by September 1st and toilet trained

Acceptance of this enrollment form and the registration fee of **\$50.00 plus the first month's (September) tuition and 1st month's early drop-off fee, if applicable** ensure your child of a place in our preschool. In return, we expect that you will honor your enrollment for the school year unless you move out of the area or some other unusual circumstance makes it mutually agreeable to dissolve this contract. The registration fee is non-refundable and the advance tuition fee is refundable only if **both** of the following conditions are met:

- Friend-Ship Preschool is notified by June 1st, 2026.
- The space is filled by another student.

I understand and agree to Friend-Ship Preschool policies.

Signed: _____ Date: _____

FULL Name of Child: _____ **Gender:** _____
(please include middle)

Name child is called (and will learn to write): _____ **Birth date:** _____

Elementary school child will attend as a Kindergartner: _____ Age on Sept 1, 2026: _____

Name of Mother: _____ ***Step-parent:** _____

Mailing Address: _____ **City** _____ **Zip** _____

Home phone: _____ **Work phone:** _____ **Cell phone:** _____

**** *which phone # would you like your child to learn?* _____

Name of Father: _____ ***Step-parent:** _____

Mailing Address: *(if different)* _____ **City** _____ **Zip** _____

Home phone: _____ **Work phone:** _____ **Cell phone:** _____

***E-MAIL ADDRESS(es):** _____

(more on back)

**Adults other than parents who have permission to pick up your child at preschool and phone #'s: _____

Emergency Names & Phone Numbers: (If your child gets sick in school and we cannot get a hold of you – this is someone who can come and pick up your child.)

Friend/Relative: _____ Phone #: _____

****FOOD OR OTHER ALLERGIES:** Please list:

Does your child have any other **health concerns/problems** or take any regular meds we need to know about? Explain.

Tell us about your child:

Is there anything unique about your child that you would like to share with us or any other information you deem necessary for us to better understand your child?

Does your child have any fears?

Does your child live in two homes? _____ If so, do you have any special concerns or requests?

Which parent has primary custody? Are there any custody concerns we need to know about?

Please explain:

Does your child have siblings or step-siblings?

Please list their names and ages:

Has your child been at daycare or preschool before? _____ Do they attend another preschool now?

(speech, etc.) _____

Tell us about you:

How did you hear about Friend-Ship Preschool? (neighbor, friend, relatives, website, Facebook, signs or advertisement)

Do YOU have any special talents/interests you would like to share with our class?

Where are your places of employment – and can we visit your job site if it lends itself to one of our units?
Mother: _____ Father: _____ Grand or Step-Parents: _____