

Class

2013-2014

**APPLICATION FOR ENROLLMENT  
AROUND THE SON PRESCHOOL  
1984 Hendersonville Road, P. O. Box 697  
Skyland, NC 28776**

Phone: 828-684-2645  
E-mail: [aroundtheson@bellsouth.net](mailto:aroundtheson@bellsouth.net)  
Website: [www.aroundthesonpreschool.com](http://www.aroundthesonpreschool.com)

Child's Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Age of Child \_\_\_\_\_ Birth date \_\_\_\_\_ Circle One: Male/Female Home Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Family Information**

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Where Employed \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Where Employed \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If child is not living in home of parents – name of responsible adult  
Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Where Employed \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

List Siblings and other significant persons in child's life \_\_\_\_\_  
\_\_\_\_\_

Church Affiliation \_\_\_\_\_

Did your child attend a school last year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where? \_\_\_\_\_

## **Around the Son Preschool Emergency Information**

Doctor \_\_\_\_\_ Office Phone # \_\_\_\_\_

Office Address \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone # \_\_\_\_\_

Office Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In case of an emergency, if a parent (or guardian) cannot be contacted, please call

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

In the event of an illness or accident which requires immediate medical treatment at a time when a parent/legal guardian cannot be located, I give permission for Around The Son Pre-School or other center personnel designated by the director, to provide emergency care in the event that neither the family physician nor I can be contacted immediately. I will not hold the center or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian)

### **Release Information**

Please give the names of persons to whom your child can be released to in the event you cannot be at the preschool during dismissal time.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

### **Student Information**

Does your child have any known allergies (such as food, animals, dust, drugs, plants, etc.) If yes, please describe in detail \_\_\_\_\_

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

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as special likes/dislikes, play, eating, sleeping habits, fears).

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

**For Office Use Only**

Date Application Received \_\_\_\_\_ Registration Fee Paid \_\_\_\_\_ cash/check # \_\_\_\_\_ Class \_\_\_\_\_  
Medical Form On file Y/N Orientation Letter Sent \_\_\_\_\_  
Discounts: Staff \_\_\_\_\_ Church Member \_\_\_\_\_ Sibling \_\_\_\_\_ Scholarship \_\_\_\_\_ Total Tuition \_\_\_\_\_

**Enrollment Information**

**Class Attending and Tuition Fees**

**Select Class**

**Monthly Tuition**

_____ Two-Year-Old (2 day T & TH)	\$195.00 per month
_____ Two-Year-Old (3 day M/W/F)	\$235.00 per month
_____ Three-Year-Old (2 day T & TH)	\$225.00 per month
_____ Three-Year-Old (3 day M/W/F)	\$245.00 per month
_____ Three-Year-Old (4 day Mon-Thurs)	\$270.00 per month
_____ Four-Year-Old (5 day Mon- Fri.)	\$280.00 per month
_____ Transitional Kindergarten (5 day Mon- Fri)	\$295.00 per month

Alternate schedules available by request only

**Registration Fee: \$80.00 (Must accompany this application. Non-refundable)**  
**Activity Fee \$20.00 (Due in August at Open House for 3Y,4Y & TK)**

**Parent Consent Information**

**Student Directory**

Around the Son Preschool provides families with an annual student directory. The directory contains an alphabetical listing including the name, address, phone number, and email address of all children by class. This directory is for the students, parents, and teachers of Around the Son Preschool and is not to be distributed outside the school community, nor used for any commercial purposes. If you would like your child(ren)'s contact information listed in the Student Directory, please sign below.

Yes \_\_\_\_\_ Yes, but not my \_\_\_\_\_ No, please do not include me. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Release Information**

Photographs are occasionally made by the staff to be used for programs, promotional and educational purposes. Unless specific written permission is obtained from the parent or legal guardian, children's names will never be used nor is any other confidential information shared.

I give my permission for my child to be included in photographs taken at Around the Son Preschool.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Philosophy**

**Around the Son Preschool** is a preschool that strives to adopt the ideal “Community” as one of its primary missions. In all aspects of our program, we seek to assist our students toward an appropriate level of development in spiritual, emotional, intellectual and physical areas.

**Around the Son Preschool** strives to contribute to the development of each student and to assist parents in carrying out the responsibilities which are theirs in the formation and education of their children. Our goal is to provide a well-balanced and integrated curriculum for the education of the whole child. We seek to provide a learning environment that will enable each student to achieve his/her maximum potential in preparation for school today.

## **General Information**

1. Classes are in session 9:00 a.m.- 1:00 p.m.
2. Children attending ATSP must be of age by August 31<sup>st</sup> of the school year.
3. Children may leave school only with individuals specified on the enrollment application. It is our policy that anyone not known by the preschool staff must show a valid driver's license. Changes to your release information must be made with the director.
4. ATSP follows the Buncombe County School schedule for holidays.
5. Parents are to provide lunch and snack for their children.
6. Children with food allergies or medical conditions that require treatment during preschool hours need to have a medical action plan completed and on file in the office.
7. In consideration of all the children and teachers, please keep your child at home if they have a fever, diarrhea, upset stomach, uncontrollable cough, or heavy or persistent nasal discharge. Our policy is that your child should not return to school until they are symptom free for 24hrs.
8. Please dress your child for comfort and for the weather. For easy identification, please write your child's name on all items of clothing and personal belongings.
9. Our discipline policy is to use positive reinforcement and redirection.
10. If you will be late picking up your child, please call the preschool office at 684-2645.
11. Scholarships are available based on financial need through the Lamb Fund.