

Argyle Preschool Enrollment Form 2020-2021

Required Registration Fee \$75.00 (non-refundable) enclosed. _____

Please indicate which session you are enrolling in. Tuition payment is not required at this time.

Session:

M/W/F PreK \$145.00/mo. tuition _____ T/Th Preschool \$120.00/mo. tuition _____

Name of Child: _____

Name to use in class: _____
(aka: Sam instead of Samuel)

Child's age as of September 9th, 2020: _____ **DOB:** _____

Parent/ Guardians names and address:

If more than one address is listed above, ^^ please indicate (star *) the one you'd prefer preschool correspondence be mailed to.

EMERGENCY CONTACTS: Please list the names and contact information for the person(s) to call in the event of an emergency. This list should include parent/guardian.

1.

2.

3.

How did you hear about Argyle Preschool? _____

Elementary School and District # your child will attend: _____

Name & age of any siblings: _____

Who does your child live with: _____

Pediatrician's name and #: _____

Known allergies or health concerns: _____

Please sign your consent for Emergency Help / Medical Treatment in the event we deem it necessary. We will attempt to notify the person(s) listed under emergency contacts as well. We will attempt to honor a request for "hospital of choice" if the situation allows.

I consent to emergency medical treatment for my child, _____.

Parent Signature _____ Date _____.

Preferred Hospital: _____.

School Pick-up and Drop-off

Please clearly list the name, relationship to child, and phone number for any person you approve for the pick-up of your child. This list should include parents, grandparents, neighbors ... anyone who may need to sign your child out from preschool. Use as much space as you need. You may add to or update this information (in writing) at any time upon request.
