

# PRESCHOOL PROGRAMS

## 3 Years

### Preschool Programs

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Parents of preschoolers can register their child for one of the following programs:

3-day program:	Monday, Wednesday, Friday	9:00—2:00
3-day program:	Tuesday Wednesday, Thursday	9:00—2:00
5-day program:	Monday through Friday	9:00—2:00

<u>Program</u>	<u>Application Fee*</u>	<u>Monthly Tuition</u>
3-day program, M, W, F.	\$ 360.00	\$ 525.00
3-day program: T., W., Th.	\$ 360.00	\$ 525.00
5-day program: M.-F.	\$ 400.00	\$ 745.00

**Children entering the 3 year old class must be toilet trained by September 1.**

Our school day will include academics, as well as, but not limited to, nap time if needed, gardening, story telling, drama, art, music, Spanish, games, cooking, motor development, and discovery lab activities.

Placement at Chapelwood School is based upon your child's age as of August 31st of the school year.

**Special requests for specific teachers, classrooms, and group preferences will not be considered.**

**No vaccine exemptions are accepted.**

#### **PARENTS, PLEASE NOTE:**

**\* There will be no refunds of application fees. In the case of a non-start, early withdrawal or acceptance into another school, Chapelwood School will not refund any registration or tuition fees that have been paid.**

**NO REFUNDS WILL BE MADE ON APPLICATION FEES—NO EXCEPTIONS!**

Early Childhood education is available to any family in the church or community without regard to race, color, creed, religion, national origin or ancestry.

Chapelwood School for Young Children  
11140 Greenbay ~ Houston, Texas 77024  
713-465-4657  
www.chapelwoodschool.org

Birthdate 3/1/15- 8/31/15

Date Received:  
Time Received:

\$ Received \_\_\_\_\_

**Preschool Program  
2018-2019  
3 years**

Placed  
 Wait Listed

**NEW STUDENT**  
 **RETURNING STUDENT**  
 **SIBLING OF CURRENT STUDENT**

**Registration Application for Admittance**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Teacher \_\_\_\_\_ Days Attending: M/W/F TWTH M-F

Male  Female E-Mail Address \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Any identified developmental delays?  Yes  No Please explain \_\_\_\_\_

Chapelwood School alumni?  Yes  No Year family last attended Chapelwood School? \_\_\_\_\_

Chapelwood UMC church member?  Yes  No Willing to waive church discount?  Yes  No

Include in School Directory?  Yes  No

Permission to display pictures  church newsletter  school classroom/event  school website (no names)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Profession \_\_\_\_\_ Profession \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Names and birth date of Applicant's Siblings attending Chapelwood

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

**Preschool Program                      3 Years                      9:00 a.m. – 2:00 p.m.**

**Please choose in order of preference 1, 2, 3, 4**

\_\_\_\_\_  \$ 360.00      3-day program: Monday, Wednesday, Friday

\_\_\_\_\_  \$ 360.00      3-day program: Tuesday, Wednesday, Thursday

\_\_\_\_\_  \$ 400.00      5-day program: Monday – Friday

*I understand that placement will be made according to my preference and if space is available for my choice. All attempts will be made to grant first or second choice. As Parent (or guardian) I recognize my right to withdraw my child from the School and terminate the relationship with the School for any reason. Similarly, I acknowledge the School's rights, and agree that the School has the right to refuse to accept a student or to expel a student and terminate the relationship with the family if (1) the information provided to the School is in any way inaccurate or misleading, (2) the child or any family member displays inappropriate behavior as determined by the School, or (3) for any other reason at the discretion of the School. Through my signature, I hereby verify the accuracy of the information provided to the School in and with these forms, and that I have registered my child at Chapelwood School for Young Children as indicated herein. I understand and agree that any registration fees paid are non-refundable. **There are no exceptions.***

***I understand that my child must be toilet trained by 9/1/18. \_\_\_\_\_ (Please initial)***

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date