

PRESCHOOL PROGRAMS

4 Years

2019-2020

Pre-K Programs

Parents of four year olds can register their child for one of the following programs:

- 4-day program: Monday – Thursday 9:00-2:00
- 5-day program Monday - Friday 9:00-2:00

The Registration Fee of \$375.00 is non-refundable and non-transferable.

<u>Program</u>	<u>Tuition</u>	<u>If Paid Monthly</u>
4-day program: M., T., W., Th.	\$ 5895.00	\$ 655.00
5-day program: M.-F.	\$ 6705.00	\$ 745.00

All children entering the 4-year old program must be toilet trained by September 1.

Our school day will include academics, as well as, but not limited to, gardening, story telling, drama, art, music, Spanish, yoga, games, cooking, motor, 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 9/01/14-8/31/15

Date Received:
Time Received:

\$ Received _____

Placed
 Wait Listed

**Pre-Kindergarten Program
2019-2020
4 Years**

NEW STUDENT **Registration Application for Admittance**
 RETURNING STUDENT
 SIBLING OF CURRENT STUDENT

Child's Name _____ Name Child Uses _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ - _____ Date of Birth ____/____/____

Current Teacher _____ Days Attending: MWF TWTH M-TH M-F

Male Female

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

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. (____) _____ - _____

E-Mail Address _____ E-Mail Address _____

Names and birthdates of Applicant's Siblings attending Chapelwood

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Preschool Program

4 Years

9:00 a.m. – 2:00 p.m

Please choose in order of preference 1, 2, 3 Application Fee is \$375.00 for all programs

_____ 4-day program: Monday-Thursday **9 until 2**

_____ 5-day program: Monday – Friday **9 until 2**

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 9/1/19. _____ (Please initial)

Parent or Guardian Signature

Date