

OUTREACH CHRISTIAN PRESCHOOL P.O. Box 394, 20 3rd Street New Albany, Ohio 43054 Lynn Reid, Director

Office Use						
Date Rec.		\$ Rec.				
Class		Waiting	5			
Extended M_	T	W	R	F		
ID # Open House						

614-855-4100 ocpnapreschool@gmail.com

REGISTRATION FORM								
School Year 2018-2019		Date _.						
Name of Child			Male □ Female □					
(Last)	(First)	(Middle)						
By what name should we call your child while	at preschool?							
Date of Birth	Ho	Home Phone						
Address	City	State	Zip					
Primary E-mail								
	YOUR CHILD'S FA	<u>AMILY</u>						
Father/Guardian	Mother	/Guardian						
First Name		First Name						
Last Name	Last Na	ame						
Resides with the child? Yes \square No \square	Reside	Resides with the child? Yes \square No \square						
Cell Phone	Cell Ph	Cell Phone						
Email	Email _	Email						
Employer	Employ	Employer						
Occupation	Occupa	Occupation						
Work Phone	Work P	Work Phone						
Parents are: Married \square Divorced \square Separ In Case of Divorce or Separation further information								
Describe any home situations we should be a	ware of (out of town tra	avel, other languages sp	oken, adoption, etc.)					
List members of the household other than this	s child and parents (sib	lings, step-parent, grand	parent, etc.)					
NAME	GENDER	RELATIONSH	IIP AGE					

GETTING TO KNOW YOUR CHILD

Describe your c	hild's personality.		
Explain anything	g that may be of help in understanding	your child. (speech, he	earing, vision, nervous habits, fears, etc.)
What group exp	erience has your child had; where and	d how long? (Preschool	, play group, church, etc.)
Class(es) attend	ded at OCP		
Name babysitte	r or additional child care your child will	l be at while attending O	OCP
List any concern	ns you may have with your child intera	cting at preschool.	
List hobbies, tal	ents or interests your family can share	with the children	
Which hand doe	es your child prefer? Left Right	Is your child por	tty trained? Yes □ In process □
What school dis	trict do you anticipate your child atten	ding Kindergarten?	
Does your family	y have a home church? No Yes	☐ Where?	
How did you firs	t hear about OCP?		
•			
Provide 1 st Class	ration (\$35.00 per additional child in fa /2 nd /3 rd choice for your child's age. Ch es are filled by first come basis with m	nildren will be placed acc ninimum and maximum i will be due by August 1	
5 days	4-5 year olds by August 1	3 days	3 year olds by August 1
M-T-W-T-F	9:00 – 11:30 <u> </u>	M-W-F T-W-T pm	9:00 – 11:30 12:30 – 3:00 Tuition \$180.00
4 days	4-5 year olds by August 1	0 4	2 year alda by Austrat 4
T-W-T-F pm	9:00 – 11:30 12:30 – 3:00	<u>2 days</u> ⊤₋⊤	3 year olds by August 1

T-W-T-F pm Tuition \$220.00 T-T pm 12:30 - 3:00 _ **Tuition \$140.00** 3 days 4-5 year olds by August 1 TOT TIME 2 ½ YEAR OLD CLASSES 9:00 - 11:30 _ M-W-F 2 day Tot T-T T-W-T pm 12:30 - 3:00older 2 ½ (2 by December 31, 2017) **Tuition \$180.00** 9:15 – 11:15 _ **Tuition \$140.00 EXTENDED DAY** 3-5 year olds (no Tot Time) 11:30-3:00 following am class 2 ½ year olds (2 by March 31, 2018) 1 day Tot Choose day(s) M ___ T ___ W ___ R ___ F _
Tuition \$100/month 1 day; \$180/mo 2 days; 9:15 – 11:15 Tuesday Tuition \$80.00 \$250/mo 3 days; \$310/mo 4 days; \$360/mo 5 days