

TREEHOUSE PRESCHOOL ENRICHMENT REGISTRATION 2017-2018

First Congregational Church
85 Heritage Drive phone:330-630-0704
P.O. Box 420 fax:330-633-7010
Tallmadge, Ohio 44278 treehousepreschool@sbcglobal.net
www.treehousepreschool.com

Child's Full Name: _____ Girl: _____ Boy: _____

Parents' Names: _____ Phone: _____

Street: _____ City: _____ ZIP: _____

Child's Birthday: _____ Parent Email: _____
(Month/Day/Year) (for preschool information only)

Do you want to receive your school information by _____ mail or _____ email (please note, if you choose by email, you must put my email address in you address book, treehousepreschool@sbcglobal.net).

Does your child have any special needs? _____

Has your child had any preschool experience? _____ How many years' experience? _____

All requests will be considered, but no necessarily filled. As a parent, I wish to enroll my child in the Enrichment program during (first choice) _____ or I can't get that choice _____ will be ok also.
(morning or afternoon) (morning of afternoon)

Please note: we will do our best to honor your wishes, but there are no guarantees. Also understanding that:

1. The \$15.00 registration fee is **non-refundable**.
2. The morning (AM) enrichment program is offered Mondays from 9:15 – 11:30 A.M.
3. The afternoon (PM) enrichment program is offered Mondays from 12:30 – 2:45 P.M.
4. Enrichment fee is \$360.00 per year. You may pay all at once, three times a year or monthly (\$40).
5. You may pay your enrichment fee with your tuition. **The first payment is due on Aug. 1, 2017** followed by the second payment at Meet the Teacher. Each payment after that will be due on the 1st class of the month. A \$15.00 charge will be assessed on NSF checks.
6. A calendar similar to Tallmadge Public Schools will be observed. Snow days will not be made up.
7. Enrichment program will begin September 11 and continue through May 7.

Enclosed is a registration fee of \$15.00.

Signed: _____

Please make a check payable to Treehouse Preschool and enclose it with the enrichment registration form and mail to:

Treehouse Preschool
85 Heritage Drive
P.O. Box 420
Tallmadge, Ohio 44278

Date received by Treehouse Preschool: _____ Check No.: _____

Birth Certificate attached: _____yes _____no