

East Hills Moravian Church Preschool

We appreciate your interest in our school, which is located at 1830 Butztown Road, Bethlehem, PA 18017 and was established in 1972 by East Hills Moravian Church as a service and ministry to the community. The church maintains a strong commitment to the pre-school and strives for a standard of excellence in education as modeled by the Moravian Church at large.

Registration Requirements

- **Age:** We adhere the age guidelines set forth by the Bethlehem Area School District. Children must be age three by October 1st and potty trained to enroll in our Three-Year-Old class. Children must be age four by October 1st to enroll in our Pre-K classes.
- **Immunizations:** Children must be up to date on all immunizations. We follow the PA guidelines. Your child's medical form must be submitted as proof of immunizations.
- **Registration Fee:** There is a non-refundable, registration fee of \$50.00 per child due at the time of registration for all children registered.

<u>Classes</u>	<u>Days</u>	<u>Times</u>	----- TUITION -----		
			<u>Annually</u>	<u>by Semester</u>	<u>Monthly</u>
Three-Year-Old	M/W/F	9:00-11:45	\$1,665.00	\$832.50	\$185.00
Pre-K (4-day)	M/Tu/Th/F	9:00-11:45	\$2,070.00	\$1,035.00	\$230.00
Pre-K (5 day)	M through F 1 st W of mo.	9:00-11:45 9:00-1:00	\$2,250.00 no additional fee	\$1,125.00	\$250.00

Tuition

- Tuition payments are based upon a 9-month schedule beginning August 1st and ending April 1st.
- Tuition may be paid monthly, by the semester, or in full at the beginning of the school year.
- Monthly payments are due on the 1st of each month and are considered delinquent after the 1st. A late fee of \$10.00 is charged after the 15th.
- If tuition is not paid by the end of the month the child is ineligible to attend until tuition is paid.

Calendar

- Our school year begins in September and ends the Friday of observed Memorial Day weekend.
- We follow the Bethlehem Area School District regarding major holidays and inclement weather.

More Information

- A parent handbook explaining more about our program will be posted on the Preschool page on the East Hills Moravian Church website (www.easthillsmc.org) in the fall.
- Please contact the Preschool Office at 610-868-6242 or feel free to send us a note via the webpage.

EHMC Preschool Application for Enrollment

Date: _____

Name of child: _____ Nickname: _____ Birthdate: _____ Gender: ____

Parents first and last name: _____

Address: _____

First contact's name: _____ Phone number: _____

Second contact's name: _____ Phone number: _____

Family email address: _____

Other children in household (names and birth dates): _____

How did you hear about our program? _____

Emergency contacts (if we cannot reach first or second contacts):

- 1) Name: _____ Phone number: _____
- 2) Name: _____ Phone number: _____
- 3) Name: _____ Phone number: _____

Class for which you are registering:

___ Three-Year-Old (3 day) ___ Pre-K (4 day) ___ Pre-K (5 day)

Student Release

The staff of East Hills Moravian Church Preschool will release your child only to people who have been designated by you. If they are unknown to us, we will ask for identification and check their name against the ones listed below. Please list the primary person(s) who will most often be transporting your child to and from school or you would ask to pick up your child in case of emergency.

Primary person who will most often be transporting your child to and from school:

- 1) Name: _____ Relationship: _____ Phone number: _____

Others you would ask to pick up your child in case of emergency:

- 2) Name: _____ Relationship: _____ Phone number: _____
- 3) Name: _____ Relationship: _____ Phone number: _____

Class List

Each year we compile a class list which includes your child's name, address, phone number, email, birth date, and parent's first names. The list is distributed only among the parents of your child's class. This information is often helpful when planning car birthday parties, preparing valentines, get-togethers, etc.

May we include your child's name on the list? ___ Yes ___ No

Emergency Medical Treatment

I hereby give permission for my son/daughter to be given emergency medical care should an accident or illness occur while he/she is participating in the East Hills Moravian Church Preschool program. I understand that every attempt will be made to contact me before any actions are taken. However, in the event that I cannot be reached, I agree that East Hills Moravian Church Preschool personnel should take any and all steps to insure the well-being of:

Name of Student: _____ Date of last tetanus shot: _____

Name of Student's Physician: _____ Physician's Phone: _____

Physician's Address: _____

Preferred Hospital: _____

List any medical problems including allergies: _____

Signature of Parent

Date

Please answer the following questions:

1. Are there any special situations that we should know about such as special needs, carpool arrangements, living arrangements, etc? _____

2. Has your child had previous preschool experience? _____

3. What is your purpose for sending your child to preschool? _____

4. Do you have any special interests or talents which you would be willing to share with your child's class? (Play a musical instrument, talk about your job or hobby, field trip or guest speaker suggestions)

5. Optional - Church Affiliation: _____

**EHMC Preschool
Medical Report**

Child's class: ___ Three-Year-Old (3 day) ___ Pre-K (4 day) ___ Pre-K (5 day)

Name of child: _____ Birthdate: _____ Gender: _____

Does the child wear corrective lenses? ___ Yes ___ No

Does the child have any allergies? _____

Immunization Record - Please provide dates of vaccinations and/or diseases:

_____ Diphtheria	_____ Poliomyelitis
_____ Pertussis	_____ Rheumatic Fever
_____ Tetanus	_____ Scarlet Fever
_____ Measles	_____ Tuberculosis
_____ Mumps	_____ Chicken Pox
_____ Rubella	_____ Other

Are there any restrictions regarding physical activity? ___ Yes ___ No

If yes, please describe: _____

I have examined the above-named child and find him/her to be in good general health with no condition which would exempt him/her from participating in a preschool program.

I certify that I am a physician legally qualified to practice medicine in:

___ Commonwealth of Pennsylvania

___ State of New Jersey

Name of Physician: _____ Phone Number: _____

Address of Physician: _____

Signature of Physician

Date