



Flemington Presbyterian Preschool
10 East Main Street
Flemington, NJ 08822
908-782-8166
fppnjinfo@gmail.com

FOR OFFICE USE ONLY:

dep. rec'd _____ cash/ck# _____
photo _____ (✓ if "YES") Staff _____

2024-25 Registration Form

Child's Name _____ Nickname _____

Address _____

Date of Birth _____ Gender _____

Mother's Name _____ Occupation _____

Mother's Cell Phone _____ Mother's Email _____

Father's Name _____ Occupation _____

Father's Cell Phone _____ Father's Email _____

Names and Dates of Birth of Brothers and Sisters _____

Special circumstances of which the school should be aware? (Adoption, Grandparents living in the home, etc.)

Physician's Name _____ Phone _____

Physician's Address _____

In case of emergency, if parents cannot be reached, please list two:

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

SESSION PREFERRED:

Two & a half year olds (T/TH) _____
Three year olds (T/Th) _____
Four year olds (M/W/F) _____
Four/Five year olds (M/W/F) _____

PLEASE ✓ to INDICATE:

FPC member _____
Sibling attends/attended FPP _____

Name of Kindergarten in your area _____

Previous School attended _____

Name of Church attending _____

How did you hear about Flemington Presbyterian Preschool? _____

What would you like your child to gain at Flemington Presbyterian Preschool this year? _____

Is there any other information we should know that would help us understand your child?

MEDICAL TREATMENT

Has your child had any of the following conditions? What Year?

Measles	_____	Mumps	_____	Heart Disease	_____
Chicken Pox	_____	Scarlet Fever	_____	Convulsions	_____
Whooping Cough	_____	Poliomyelitis	_____	Pneumonia	_____
Diphtheria	_____	Diabetes	_____	Intellectual Disability	_____
Rheumatic Fever	_____	Hernia	_____		
Epilepsy	_____	Otitis media	_____		

Allergies (food, bee stings, others) _____

Serious illnesses, surgeries, other medical condition(s)? _____

****PLEASE REMEMBER:**

- A "UNIVERSAL CHILD HEALTH RECORD"

(COMPLETED BY YOUR CHILD'S DOCTOR, BASED ON THE MOST RECENT WELL-CHECK-UP)

- & AN UP-TO-DATE IMMUNIZATION SCHEDULE

.....ARE NEEDED TO COMPLETE ENROLLMENT FOR EACH SCHOOL YEAR **

Student Name

Class (2, 3, 4, or 4-5)

This permit will only be used in extreme emergencies when a parent cannot be reached to sign a hospital form or give permission for medical care. **Both parents must sign.**

I hereby grant permission for the performance of such medical treatment as is deemed necessary for my child.

Mother's signature

Date

AND Father's signature

Date

OR Guardian's signature

Date

1. IT IS UNDERSTOOD THAT PUPILS ARE ENROLLED FOR THE ENTIRE SCHOOL YEAR unless written notice of intended withdrawal is received two weeks in advance of withdrawal. **A \$50 NON-REFUNDABLE registration fee is due at the time of registration. *One month's tuition installment is required to be paid by 8/1/24 and will be applied to May 2025 tuition. This installment is NON-REFUNDABLE for voluntary withdrawal of a student after 12/31/24.** * There will be no refunds for temporary illness or family vacations.

2. THE PRESCHOOL RESERVES THE RIGHTS TO REQUEST WITHDRAWAL OF ANY child if, in the estimation of the teacher(s) and concurrence of the Preschool Board, the child is not adjusting to the group situation. In that event, parents or guardians will only be responsible for payments covering that portion of the year attended.

3. THE ANNUAL SCHOOL TUITION IS PAYABLE IN NINE INSTALLMENTS AS FOLLOWS:

Nine Monthly Installments: 8/1/24, 9/1/24 through 4/1/25*

30 months	Tues/Thurs	9 am - 11 am	\$175
3-Year Old (by 12/1/24)	Tues/Thurs	9 am - 12 pm	\$250
4-Year Old	Mon/Wed/Fri	9 am - 2 pm	\$450
4/5 Year Old	Mon/Wed/Fri	9 am - 2 pm	\$450

Flemington Presbyterian Church members receive a 10% discount on each installment payment. A second child in the family will have a \$10 reduction in each installment payment.

4. INITIAL PAYMENT IS DUE AND PAYABLE ON MAY 1ST, SUBSEQUENT PAYMENTS ARE DUE THE FIRST OF EACH MONTH BEGINNING SEPTEMBER 1ST. There will be a \$10 late fee assessed for any payments received after the 10th of any month. There is a returned check fee. In the event that tuition is more than 60 days delinquent, the child will not be admitted to class until payment is made.

5. WE HEREBY GIVE PERMISSION FOR OUR CHILD TO PARTICIPATE IN SCHOOL TRIPS with the understanding that we will receive notification about all trips prior to their being taken.

6. **PUBLIC USE POLICY** – The “Creighton Building” used by the Preschool is a public building and is utilized by church and other community organizations. They include, *but are not limited to*: Women’s Association, Deacons, Session, Christian Education Commission, Membership Commission, Stewardship Commission, Long Range Planning Committee, Nominating Committee, Junior High Advisors & students, Senior High Advisors & students, Adult Bible Study, Alcoholics Anonymous, County Election Commission, Bell Choirs & the Preschool Board.

PUBLICITY

It is beneficial to the school to receive publicity about our programs or events. Publicity provides positive recognition for FPP and it helps us attract future students. Please let us know your wishes.

_____ I agree to let FPP use my child’s photo for publication on the FPP newsletter, FPP website, FPP Facebook page, and local newspaper.

_____ I do **not** agree to let FPP use my child’s photo for publication on the FPP newsletter, FPP website, FPP Facebook page, and local newspaper.

I/We have read and understand this enrollment agreement and agree to adhere to the guidelines as stated.

Mother’s Signature

AND Father’s Signature

OR Guardian’s Signature

Date