

 (office only) \_\_\_\_TBC Church Member  BCPS Alumni\_\_\_\_\_\_\_\_ date received: \_\_\_\_\_\_ payment date if received later \_\_\_\_\_\_

4500 Millridge Parkway      Midlothian, VA 23112      (804) 744 -1640, Ext. 106       [www.brandermillchurchpreschool.com](http://www.brandermillchurchpreschool.com)

preschool@brandermillchurch.org

**ENROLLMENT AGREEMENT for 2021-2022 Preschool Year**

|  |  |
| --- | --- |
| Child   | Date of Birth |
| Parents or Legal Guardians |

(Please print your names as you would like them listed on the preschool roster.)

**CLASS PREFERENCE                   *(Please indicate first and second choice with 1 and 2.)***

|  |  |  |  |
| --- | --- | --- | --- |
| **\_\_\_\_ Two Day 2 1/2 year olds** | **T, TH** | **9:30–12:15** | **$195/month** |

***Note: Twos need not be toilet trained but must be 30 months to begin in the 2 ½ year old class.***

|  |  |  |  |
| --- | --- | --- | --- |
| **\_\_\_\_ Two Day 3 year olds** | **T, TH** | **9:30–12:30** | **$195/month** |
| **\_\_\_\_ Three Day 3 year olds** | **M,W,F** | **9:30–12:30** | **$230/month** |
| **\_\_\_\_ Three Day Pre K 4 year olds** | **M,W,F** | **9:30–12:30** | **$230/month** |
| **\_\_\_\_ Four Day Pre K 4 year olds** | **M, T, TH, F** | **9:30–12:30** | **$270/month** |
| **\_\_\_\_ Four Day Pre K 4 year olds** | **Tu-F** | **9:30–12:30** | **$270/month** |
| **\_\_\_\_ Five Day Pre K 4 year olds** | **M–F** | **9:30–12:30** | **$305/month** |
| **\_\_\_\_ Five Day Pre K 5 year olds** | **M–F** | **9:30–12:30** | **$315/month** |

***\*Note:* 3 *and* 4 *year olds must be the appropriate age by 9/30/2021. Ages 3 and up must be toilet trained.\****

***The 5 day 5year old PreK class is intended for older students who have previous preschool experience.***

The Brandermill Church Preschool is a half day preschool for children ages 2 ½ to 5 years. It is a non-profit and religious exempt organization. This enrollment form and the registration fee put your child in good standing for enrollment in the preschool. A confirmation of placement will be sent to you. We expect you to honor your enrollment for the school year unless you move from the city or some unusual circumstances make it a mutual agreement to dissolve this commitment. We require **one month’s** notice for the withdrawal of a child or payment for that time. The preschool has the right to withhold services for any reason or no reason at all. In the event of an act of God, pandemic or other unforeseen circumstances, we reserve the right to cancel this agreement without penalty.

Classes will be held if enough children register for the class.  If enough children do not register, options will be available and you will be contacted. If more students wish to register for a class than there are spaces available, priority will be given to students whose families have the greatest number of years of attendance at BCPS.

A **nonrefundable** **$95.00 registration fee** (per family) must accompany this enrollment agreement. **New students must present their ORIGINAL birth certificate for viewing when enrolling.**

**The first tuition payment is due June 1st**. The **activity fee** helps cover special programs, field trips and administrative costs and is due **September 1st**. Activity fees by age group:  2s - $35, 3s - $45, 4s - $55, 5s - $60.  The remaining tuition payments are due on the **first day** of each **month**, September through April.

I have read the above and agree to abide by these policies and honor this enrollment. If I do need to remove my child from the program, I will give one month’s notice.

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent or Legal Guardian)

 Amount of Registration Fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE BRANDERMILL CHURCH PRESCHOOL**

**REGISTRATION FORM – 2021-2022 Preschool Year**

|  |  |  |  |
| --- | --- | --- | --- |
| Child | Nickname | Date of Birth | Sex |
| Address |
| Previous School or Group Experience |
| What hopes and expectations do you have for your child in our program? |
| Siblings (names and ages) |
| **PARENT(S)/GUARDIAN(S)** |
| Mother | Email  | Home PhoneCell |
| Home Address | Employer | Business Phone |
| Father | Email | Home PhoneCell |
| Home Address | Employer | Business Phone |

**HEALTH INFORMATION**

|  |  |
| --- | --- |
| Pediatrician  | Phone |
| Dentist  | Phone |
| Chronic physical concerns/pertinent developmental information/special accommodations needed: |
| Is your child required to wear any special devices (glasses, hearing aid, etc.)? |
| Does your child have allergies?   | Please list allergies and indicate if emergency medications are needed: |
| What are your child’s symptoms? |
| Please give any additional information important for us to have. |