



Harriman Christian Day School

Registration Form 2019 - 2020

Registration Fee (non refundable)
\$45.00 (before Aug. 1, 2019)
\$60.00 (after Aug. 1, 2019)

Fees Per Month
\$170.00 (3 day)
\$125.00 (2 day)
\$235.00 (5 day)

Class (circle one)
MWF - 3 or 4 yr.
T/Thur - 3 and 4 yr.
M - F - 3 or 4 yr.

Child's Name _____ Preferred Name _____

Birth date _____ M or F (circle one) T-shirt size (circle one) child sm 6/8 or child m 10/12

Street Address _____ City _____ Zip code _____ Phone Number _____

Mother's Name _____ Employer _____
(name & phone #)

Father's Name _____ Employer _____
(name & phone #)

Family Status (circle one) Married Separated Divorced Other

Custody arrangements _____

Other members of household (relationship & age) _____

Has your child had previous group experience & if so, where? _____

How well does your child get along with other children? _____

Social behavior (circle one) Shy Friendly Cautious Outgoing

(over)

Has your child been recommended for an evaluation by the IU? (circle one) Yes or No

Does your child have an IEP? (circle one) Yes or No

What support services does your child receive? _____

Who provides these services? _____

Is your child right or left handed? (circle one) Fears _____

Allergies _____ Speech Problems _____

Disabilities or Restrictions _____ Word used for bathroom _____

Favorite play activity _____ Interests _____

Person to contact if parent is not available: _____
(name, relationship & phone #)

Person(s) authorized to pick up child: (name, relationship & phone #)

***Health Form needs to be completed by your child's doctor & returned no later than your child's first day of school!**

School Operating Hours— All classes start at 9:00am and end at 11:45am.

By signing this, I understand that my child must be toilet trained before attending preschool at Harriman Christian Day School and that diapers and pull-ups are not permitted. Furthermore, I understand that if my child attends Harriman Christian Day School, that I am responsible for the payment of a monthly tuition fee (collected by the 10th of each month) according to my child's schedule (2 day \$125.00 month, 3 day \$170.00 month, 5 day \$235.00 month).

Parent's signature _____ Date _____

Office Use Only

Date _____ Check # _____ Amount _____

Harriman Christian Day School
1700 Wilson Avenue * Bristol, Pa 19007
(215)781-1625 * harrimandayschool@gmail.com
Theresa Ashnoff, Director

Dear Parents,

We are proud to announce the beginning of our 50th school year on Thursday, September 5, 2019 and Friday, September 6, 2019. HCDS offers a 1/2 day morning preschool program for 3 & 4 year olds. Our classes (subject to enrollment) & fees are as follows:

Registration fee (non-refundable) \$45.00 per child
before August 1, 2019, \$60.00 per child after August 1, 2019.

MWF - 9:00am - 11:45am; \$170.00 per month

T/Thur - 9:00am - 11:45am; \$125.00 per month

M-F - 9:00am - 11:45am; \$235.00 per month

To enroll your child must be 3 or 4 years old by August 31st and toilet trained. Children are not permitted to wear diapers or pull-ups to school.

A completed registration form and payment of the registration fee are necessary to register. A registration fee must be paid in order to reserve your child's place. Tuition payment for the first and last month of school is due on your child's first day of school, MWF 340.00 (Sept. & May), T/Thur \$250.00 (Sept. & May). A health form completed and signed by your child's physician must be returned no later than your child's first day of school.

I urge you to register now to guarantee an opening for your child. Our classes fill on a first come first served basis and are limited in size to provide the best classroom experience. Skills, personal growth, social adjustment, play time, trips and creative activities are a part of our developmental program. Further information will be made available to you upon registration.

Sincerely,
Theresa A. Ashnoff, Director
njg

Health Form
(to be completed by a physician)
Harriman Christian Day School
1700 Wilson Avenue * Bristol, Pa 19007

_____, whose date of birth is _____,
has been enrolled in our school. Classes meet from two to three times
weekly from 9am to 11:45am, in groups of from sixteen to eighteen
children, under the supervision of a teacher and an assistant. The dai-
ly program involves both vigorous and quiet indoor and outdoor play,
including the use of climbing equipment. A midmorning snack is served.

Please answer the following questions.

1. Does this child require special attention, medications, or routines or have any physical condition that may have to be taken into consideration in planning for the child's time at School?

2. In your opinion, is this child physically and emotionally able to participate in a preschool program like the one described above?

(over)

3. Has this child received any immunizations listed below?
(Please fill in the dates!)

DPT _____

MMR _____

OPV _____

HIB _____

HEP B _____

VZV _____

TB TINE TEST _____ RESULT _____

*DATE OF MOST RECENT EXAMINATION _____

Physician's Signature _____

Date _____

Harriman Christian Day School
1700 Wilson Avenue * Bristol, Pa 19007
(215)781-1625 * harrimandayschool@gmail.com
Theresa Ashnoff, Director

Dear _____

Date _____

Thank you for considering Harriman Christian Day School for your child's preschool. Please call if you would like to schedule a school visit or if you need additional information before making a decision. Your child must be 3 years of age and toilet trained before attending our preschool program; diapers and pull-ups are not permitted at school.

Registrations accepted by mail or by appointment.

To register:

1. Complete the yellow registration form (front & back).
2. Pay the non-refundable registration fee:
 - * \$45.00 if received before August 1, 2019
 - * \$60.00 if received after August 1, 2019

Please make checks payable to Harriman Christian Day School.

3. Circle the days of the week your child will attend preschool (see upper right hand corner of registration form). Your child's name will then be placed on a reserved class list for September 2019.
4. Complete Parent Release Form for Media Recording and return with yellow registration form.
5. A completed health form must be received by your child's first day of school
*Please note: your child's doctor must sign the health form.

(over)

6. Tuition (first & last month) is due on your child's first day of school, September 5th or 6th, 2019.

Upon receipt of your registration, you will receive a registration confirmation letter.

Please call me at 215-781-1625 if I can be of further assistance.

Sincerely,

Theresa Ashnoff, Director