



HOBSON PRESCHOOL ENROLLMENT APPLICATION

116 North 12th Street ~ Fort Smith, AR 72901 ~ (479) 783-4552 ~ fax : (479) 783-8947 hobson@1pres.org

Please enroll my child in Hobson Preschool. Enclosed is my enrollment payment of **\$150.00**, and I understand that this fee is non-refundable. **The first tuition payment is due August 31, 2018.**

Child's Name: First _____ Middle _____ Last _____.
Please circle the name the child is to be called.

Present Age _____ yrs. _____ Mo. Date of birth: _____ Boy _____ Girl _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Email Address: _____

Family Information:

Father's Name: _____ Occupation: _____

Father's Employer: _____ Business Phone: (____) _____

Father's Cell Phone: (____) _____

Email Address: _____

Mother's Name: _____ Occupation: _____

Mother's Employer: _____ Business Phone: (____) _____

Mother's Cell Phone: (____) _____

Child lives with: (Please Check) Both Parents _____. Mother _____. Father _____. Guardian _____.

MEMBERS OF HOUSEHOLD OTHER THAN PARENTS:

Name	Age	Relationship to Child
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Note: Class availability is based on enrollment.

Please complete the back of this form.



Hobson Preschool Programs

Hobson Hours: 7:30-8:45 A.M. Early Bird Program 9:00 A.M. to 2:00 P.M. Preschool Program

Please review the list below and indicate your choices.

Child must be class age on or before August 1, 2018.

Early Bird Program: 7:30 A.M. to 8:45 A.M.

Infants____ Ones____ Twos____ Threes____ Fours____ Fives____

Preschool Program: 9:00 A.M. to 2:00 P.M.

Infants____ Ones____ Twos____ Threes____ Fours____ Fives____

After School - Preschool Program 2:00 P.M. to 6:00 P.M.

Infants____ Ones____ Twos____ Threes____ Fours____ Fives____



Hobson Preschool Enrollment

Child Pick UP List/Emergency Contact Information

Child's Name: _____

Emergency Contact #1 (in case parents cannot be reached)

Name: _____ Relationship to Child; _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact #2 (in case parents cannot be reached)

Name: _____ Relationship to Child; _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact #3 (in case parents cannot be reached)

Name: _____ Relationship to Child; _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact #4 (in case parents cannot be reached)

Name: _____ Relationship to Child; _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

I authorize Hobson Preschool to contact any of the above named persons to pick up my child in the event I cannot be reached.

Parent's Signature

Date:



CONSENT FOR EMERGENCY MEDICAL CARE

I/We, _____ father, mother, guardian of _____ do hereby request and give consent to the Director of the facility, or her duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed health care provider in case of emergency when the parent(s) cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment, if the parent(s) cannot be reached, including emergency transportation.

Signed _____ Witness _____ Date _____

Signed _____ Witness _____ Date _____

Doctor's Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Developmental History

(Please fill out relevant information pertaining to your child)

Physical/Emotional problems your child may have: _____

Special Diet Needs: Diabetic _____ Food Allergies _____

Other Medical Issues we should know about: _____

Child requires assistance in: Dressing _____ Toileting _____

Eating _____ Washing Hands _____

Is child toilet trained? _____ Words used for toileting: _____

Favorite Games, Toys, and Hobbies: _____

Previous Childcare/Preschool Experience: _____

Home Language or Languages: _____

Special cultural holidays and events celebrated in the home: _____



Consent/Permission Form

Child's Name _____

Date of Birth _____

Parent/Guardian Name _____

Hobson Preschool Face Book Page:

I give consent for my child's photograph to be placed on the Hobson Facebook page. I understand that at any given time, I may update my request. Please check the appropriate response below.

_____ Yes

_____ No

Photo Release Consent:

I give consent for pictures to be taken of my child to be used in the program promotion. Photographs may be used in news release items, slides, website updates or other related material. Please check the appropriate response below.

_____ Yes

_____ No

Kindergarten Readiness Program:

The Department of Human Services is providing "A Getting Ready for Kindergarten Calendar" for the parents of all of our three, four, five year olds as part of the Kindergarten Readiness Program. This is in accordance with Legislative Act 825 enacted by the Arkansas General Assembly to insure all of our children are paired for Kindergarten. Your signature below indicates that you have received a calendar.

Parent or Guardian Signature:

Date:



Hobson Preschool Enrollment Requirements

Dear Parents,

The following items must be provided to Hobson for a child to be enrolled:

- Completed Enrollment Form
- Enrollment Fee Paid
- Immunizations current and a record provided

If a child has not met all of the above criteria by the first day of the school term, the child is subject to dismissal from the Hobson program.

In this packet, you will find your copy of the Hobson Parent Handbook, which explains Hobson philosophy and policies. Please sign below stating you have read the handbook and understand it.

Thank you and we look forward to a successful school year!

Parent/Guardian Signature

Date



Hobson Preschool Policy Acknowledgement

Tuition Policy:

Enrollment fees are non refundable. Parents must give a 30 day written notice to the school if the family moves or it becomes necessary for the child to be withdrawn for any reason. All tuition paid by check should be made payable to the school. You may pay with automated withdrawal, personal check or cash.. ACH payments will be withdrawn on the 15th of each month with the exception of August, which will be withdrawn on August 31st of each year. A \$20.00 return check fee will be assessed on all returned ACH payments or returned checks. Tuition is past due if not paid by the 5th day of the following month. Failure to keep account in good standing can will result in removal from the program. Tuition may be paid monthly, semi annually, or annually using the ACH plan or by check or cash if you chose semi-annual or annual. All tuition is based on the yearly cost of the program. No deductions are made for holidays or illness. Hobson follows the closure policy of the Fort Smith Public Schools; however there are no make-up days for missed days or classes.

Late Pick-Up Policy:

Hobson charges \$1.00 per minute, per child, late fee for each minute that a parent is late past the designated pick up time of 6:00 P.M. The school clock serves as the official time. Gates will close at 6:00 P.M.: parents need to come to the office to pick up their child after the gates are closed. At this time, you will receive a late pick-up slip with the time and fee noted on it. The fee will be assessed and due at the time of pick-up. Thank you for being conscientious in picking up your children on time. Your cooperation in this matter is greatly appreciated.

Discipline Policy:

Hobson follows the following policy in regards to discipline:

When a student misbehaves, we: 1) state what is expected of him in positive terms and 2) redirect him into another less frustrating activity, or 3) change the environment, or 4) let him work off tensions with play dough, outdoor play, etc. or, 5) as a last resort, have him sit apart from the group temporarily and watch other children play. Physical punishment is NOT used with child.

A conference will be scheduled with a parent if the discipline problem persists. This is done in a positive way to engage the cooperation of the parent.

I hereby agree to comply with the policies, rules, and regulations of Hobson Preschool regarding fees, attendance, health, parking, clothing, and other issues as listed by this form and Parent Handbook issued yearly.

Parent or Guardian Signature:

Date:



Tuition Automatic Bank Draft Authorization Form

This form authorizes First Presbyterian Church to auto draft tuition funds on behalf of Hobson Preschool. These auto drafts will be processed on the 15th of each month, with the exception of August which will be done on August 31st of each year.

Name on Account: _____

Name(s) of child(ren) attending Hobson: _____

Authorization: I hereby authorize Hobson Preschool of the First Presbyterian Church (Hobson) to automatically draft tuition deductions from my account listed below, and the Financial Institution below to post the same to such account. I further authorize Hobson to initiate necessary credit entries and adjustments for any erroneous debit entries previously initiated, and I authorize the Financial Institution to accept the amount of such entries to my account. This authorization is to remain in force until Hobson receives notice of cancellation from me. The notice of cancellation must be received at least 30 days prior to cancellation and in such a manner as to afford Hobson and the Financial Institution reasonable opportunity to act on it, and in no event shall it be effective with respect to entries processed prior to the receipt of the notice of cancellation. This authorization replaces all prior tuition automatic draft authorizations submitted by me.

Financial Institution City, State Account # Account Type: Checking/Savings

*******MUST ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS*******

*******MUST ATTACH A DEPOSIT SLIP FOR SAVINGS ACCOUNTS*******

Agreement: understand it is my responsibility to verify the tuition deduction. Any discrepancies should be reported to the financial secretary or the Financial Institution immediately. I will not hold liable First Presbyterian Church or Hobson Preschool & Kindergarten for any errors in deduction.

Signature of Account Holder: _____

Date: _____

Cancellation: I hereby cancel the authorization for Hobson to originate tuition deduction entries to my account indicated above, effective on (date) _____

Signature of Account Holder: _____

Date: _____



Hobson Preschool 2018-2019 Tuition Schedule

Yearly Enrollment Fee for All Ages:	\$150.00
Weekly Tuition Fee for All Ages: 9:00A.M.-2:00P.M.	\$105.00
Weekly Early Bird Fee: 7:30A.M.-8:45A.M.	\$20.00
Weekly After School Fee: 2:00P.M.-6:00P.M.	\$35.00
Monthly Tuition Fees for All Ages: 9:00A.M. -2:00P.M.	\$420.00
Monthly tuition Fee: Early Bird plus 9:00A.M.-2:00P.M.	\$500.00
Monthly Tuition Fee: Early Bird plus 9:00A.M.-6:00P.M.	\$640.00
Monthly Tuition Fee: 9:00A.M.-6:00P.M.	\$560.00
Yearly Tuition Fee: 9:00 A.M.-2:00 P.M.	\$3800.00
Yearly Tuition Fee: 7:30A.M.-2:00P.M	\$4750.00
Yearly Tuition Fee: 9:00A.M-6:00P.M.	\$5320.00
Yearly Tuition Fee: 7:30A.M.-6:00P.M.	\$6080.00

The yearly tuition rates are based on a 9 ½ month regular school year(August-May). Families will pay the full amount each month, except for December, which will be half price.

Tuition is due on the 1st of each month. Any accounts enrolled in auto draft, tuition will be drafted on the 15th of each month.

