

Sandia Presbyterian Preschool Summer Registration Forms 2025

Our summer program will begin Monday, June 2, 2025 and run through Thursday, July 17, 2025 from 10:00 am- 1:00 pm each day. There will be no class the week of June 9-12.

Registration and Tuition Fees:

Registration Fee (non-refundable and must accompany registration form)	\$65.00
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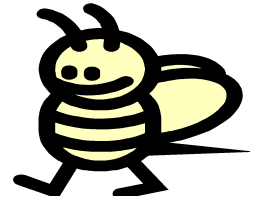
6 Week Program (June 3-July 18)

- | | |
|---|----------|
| • 2-Day Program
Monday and Tuesday or Wednesday and Thursday (10:00-1:00) | \$371.00 |
| • 4-Day Program
Monday-Thursday (10:00-1:00) | \$714.00 |

3 Week Program (June 3-June 27 or July 1-July 18)

- | | |
|---|----------|
| • 2-Day Program
Monday and Tuesday or Wednesday and Thursday (10:00-1:00) | \$187.00 |
| • 4-Day Program
Monday-Thursday (10:00-1:00) | \$357.00 |

WELCOME TO SANDIA PRESBYTERIAN PRESCHOOL
Summer 2025 Registration Packet



REGISTRATION CHECKLIST:

- ☐ Basic Information
- ☐ Pick-up Authorization
- ☐ Emergency Information
- ☐ Guidance Policy
- ☐ Immunization Verification Form
- ☐ Well Child Form
- ☐ Tuition Contract
- ☐ Media Release
- ☐ Water Play Release
- ☐ Check for Registration Fee

MUST HAVE ONE OF THE FOLLOWING:

- ☐ Photocopy of Current Immunization Record
- Or
- ☐ A Conscientious objection letter (Find www.nmschoolhealthmanual.org)

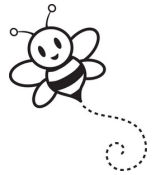
SANDIA PRESBYTERIAN PRESCHOOL/

6 Week____ 3 Week____

4 day Mon.-Thurs.____

2 day Mon./Tues.____

2 day Wed./Thurs.____



Registration Form Summer 2025

Child's Full Name_____Male_____Female_____

Birth Date_____ Nickname (if applicable)_____

Home Address_____ Zip_____ Phone_____

Father's/Guardian's Name_____ Employer/Address_____

Work Phone_____ Cellular Phone_____ Email_____

Mother's/Guardian's Name_____ Employer/Address_____

Work Phone_____ Cellular Phone_____ Email_____

Sibling Name(s) & Age(s)_____

Are you a member of Sandia Presbyterian Church? Yes ____ No ____ If yes, please provide the month and year that you joined the church. _____

Has your child ever attended a preschool? _____ If yes, where?_____

What is your family's home language?_____

Does your child have allergies to food or environs? _____ If yes, please explain_____

Does your child have a disability requiring special accommodations? _____ If yes, please explain_____

Does your child have any unusual fears? _____ If yes, please explain_____

What are your reasons for wanting your child to attend Sandia Presbyterian Preschool?_____

What form of guidance works best with your child? _____

In what way would you be willing to assist the school? (Example: driving for trips, baking, phoning, typing, craft preparations, programs/holiday luncheons, etc.) _____

How did you hear about our school?_____

----- OFFICE USE ONLY -----

Registration Fee enclosed? Yes ____ No ____ Cash ____ Ck# _____ Date first attended _____

Immunization Record enclosed? Yes ____ No ____ Date last attended _____



SANDIA PRESBYTERIAN PRESCHOOL
Pick-Up Authorization Form

Child's Full Name_____

I hereby authorize the following persons to pick up my child. (Please be sure to include the person you have listed as the contact on the **Emergency Information Form.**)

I understand that these persons will be required to show identification before my child will be released to them by Sandia Presbyterian Preschool.

I am required to notify Sandia Presbyterian Preschool **in writing** if someone other than the persons listed below will pick up my child. That person must show proper identification prior to your child being released to them.

1) Name_____

Home Phone_____ Work Phone_____ Cell Phone_____

2) Name_____

Home Phone_____ Work Phone_____ Cell Phone_____

3) Name_____

Home Phone_____ Work Phone_____ Cell Phone_____

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain and **attach a copy of the appropriate documents** (i.e. court order).

Parent's/Guardian's Signature_____

Date_____

SANDIA PRESBYTERIAN PRESCHOOL

Emergency Information Form



Sandia Presbyterian Preschool wishes to avoid difficulties in obtaining medical services for children who may become ill or injured during school sponsored activities. As the parent/guardian of a child participating in a school sponsored activity, it is necessary that you consent, in advance, to transportation to a medical facility, to hospitalization, medical attention and surgery for your child in case an emergency occurs.

In the event of an illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services being given. If we are unable to contact you, the SPC Preschool staff will consent to such services for your child by acting on your behalf based on written advanced authorization. That authorization is in the consent form below.

Selection of a doctor or hospital will be made on the basis of family preference, if known. If family preference is not known, the child will be taken to the closest hospital or one consistent with the existing circumstances.

Primary Healthcare Provider _____ Address _____ Phone _____

Preferred Hospital _____ Address _____ Phone _____

I, the parent/guardian of _____, have read the above and hereby designate the Sandia Presbyterian Preschool staff to act on my behalf in the event of a medical emergency. He/she may authorize such transport to a medical facility, hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in school sponsored activities. I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

Child's Home Address _____ Phone _____

Father's/Guardian's Name _____ Work/Cell Phone _____

Mother's/Guardian's Name _____ Work/Cell Phone _____

Name of Other Emergency Contact _____ Relationship _____ Phone _____

Name of Other Emergency Contact _____ Relationship _____ Phone _____

* Be sure to include the name of your emergency contact on the **Pick Up Authorization Form**.

I (We) agree with the statement above.

Parent/Guardian Signature

Parent/Guardian Signature

Date

SANDIA PRESBYTERIAN PRESCHOOL

Guidance Policy



Our guidance policy is based on the protection of each child's self-esteem. We do not believe in physical correction or any correction that ridicules or humiliates a child. If a child is in a situation that is harmful to him or herself or any other child, we immediately remove the child from the situation.

If the child is disruptive, we believe in offering choices to encourage development of self-discipline. For example, if a child is disturbing others during story time, he/she is asked to stay and be helpful, or leave the group and return when he/she is ready to be helpful. If a child is uncooperative, rather than the situation becoming a contest of wills, choices will be offered to him/her as well. With this approach we feel we are generating a more loving atmosphere.

When children are praised without evaluation, they grow in confidence. When mishaps occur and no one is blamed, they are able to focus on solutions. When their feelings are heard and understood, they become more sensitive to the feelings of others. When their autonomy is encouraged, they begin to accept responsibility for their lives.

At all times, parents will be kept informed of any circumstances that the staff is working on with your child.

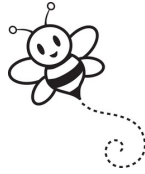
I have read and understand Sandia Presbyterian Preschool's Guidance Policy.

Parent's/Guardian's Name: _____

Signature: _____

Date: _____

SANDIA PRESBYTERIAN PRESCHOOL
Immunization Verification Form



I verify that the immunization information on (child's name)_____ is accurate
and current to the best of my knowledge.

Parent Signature

Date

SANDIA PRESBYTERIAN PRESCHOOL
Well Child/Vision Hearing/Dental Screening



Well Child:

I verify that (child's name) _____
_____ has had a well child check up this year

_____ has not had a well child checkup this year and resources have been given to me.

Vision/Hearing Screen:

I verify that (child's name) _____
_____ has had a vision/hearing screening this year

_____ has not had a vision/hearing screening this year and resources have been given to me.

Dental Screening:

I verify that (child's name) _____
_____ has had a dental screening this year

_____ has not had a dental screening this year and resources have been given to me.

Parent Signature

Date

Director Signature



Sandia Presbyterian Preschool
Tuition Contract
2025 Summer

Based on the Terms and Conditions outlined in the Parent Handbook and all other Sandia Presbyterian Preschool policies, I wish to enroll my child in Sandia Presbyterian Preschool.

A. Child/Children Enrolling

1. _____

2. _____

3. _____

B. Summer Registration Fee (Non-Refundable **\$65.00 fee** due at time of registration).

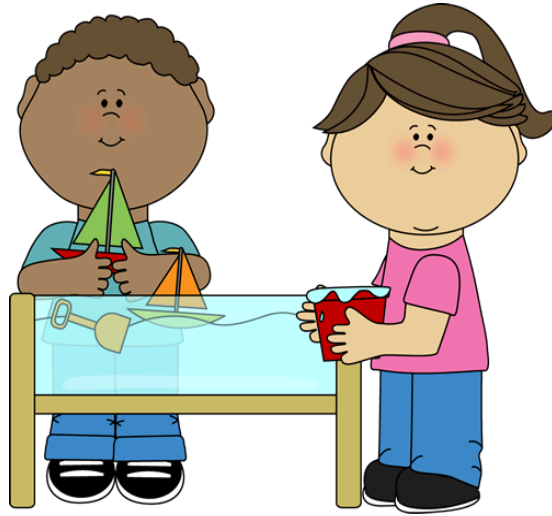
C. Summer Tuition **Fees Per Session:**

Program	6 Week Session Fee	3 Week Session Fee
4 Day Program	\$714.00	\$357.00
2 Day Program (Mon./Tues. or Wed. Thurs,)	\$371.00	\$187.00

- D. If tuition is received after the 17th of the month, a 10% late fee will be applied. After the 27th of the month, the late fee will be 15%. A 15% late fee will accrue every ten days thereafter. A \$25 fee will be assessed for each returned check.
- E. Once tuition is 45 days delinquent, the child will not be able to attend class and his/her spot will be forfeited.

I have read and agree to comply with the general terms and conditions stated in the parent handbook and all other policies of Sandia Presbyterian Preschool. We (I) agree to be legally responsible for all charges for each enrolled child as set out in the contract for services (or any subsequent modifications thereto, provided I am notified of such changes.) We (I) agree to pay for any collection charges, including legal/paralegal charges, administration charges, NSF charges and late pick-up fees.

Parent/Legal Guardian _____ Date _____



Water Play Permission Form

Child's Name _____

I hereby give permission for my child to participate in water play activities when planned by a teacher as a regular part of the 2025 Summer Program. Water play could consist of playing in small wading pools, running through sprinklers, or playing with water tub manipulatives.

I also understand that a safe ratio of children to adults will be maintained at all times.

(Guardian's Signature)

(Date)



Media Release Form

I, the undersigned, do hereby consent and agree that Sandia Presbyterian Preschool, its employees and/or agents have the right to take photographs or digital recordings of my child during the 2025 summer program. Your child's photo may appear on our class website/facebook page or for school advertisements.

I do hereby release to Sandia Presbyterian Preschool, its employees or agents, all rights to exhibit this work in print and/or electronic form publicly or privately.

_____ **Yes**, I give permission for my child's photograph and or video to be used.

_____ **No**, my child's photograph and/or video may not be used.

(Signature)

(Date)

(Student's First and Last Name)