HOBSON PRESCHOOL June 2024-May 2025 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 $**200.00,** and I understand that this fee is **non-refundable**. **The first tuition payment is due by** June **1, 2024.**

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

Hobson Preschool Programs

Please review the list below and indicate your choices.

Child must be class age on or before August 1, 2024.

School Program: 7:30 A.M. to 3:00 P.M.

Infants____ Ones____ Twos____ Threes____ Fours____

Full-Day Program 7:30 A.M. to 5:30 P.M.

Infants____ Ones____ Twos____ Threes____ Fours____

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:

____ ____________________________

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:____

____

Behavior Concerns: ____

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: _____________________________________

<u>Consent/Permission Form</u>

Child's Name ____

Date of Birth ____

Parent/Guardian Name _________________________________

<u>Hobson Preschool Face Book Page:</u>

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

<u>Photo Release Consent:</u>

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

<u>Kindergarten Readiness Program:</u>

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 prepared for Kindergarten. Your signature below indicates that you have received a calendar.

Parent or Guardian Signature: Date:

________________________________ ________________________________

HOBSON PRESCHOOL

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.

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 1st of each month. Tuition is past due if not paid by the 5th day of the month. A 10% late fee will be charged if your tuition is not paid by the 5th of each month. At that time, your child may not return until payment is made. Failure to keep account in good standing 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 5:30 P.M. The school clock serves as the official time. Gates will close at 5:30 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 to the child in positive terms and 2) redirect child into another less frustrating activity, or 3) change the environment, or 4) let the child work off tensions with play dough, outdoor play, etc. or, 5) as a last resort, have the child sit apart from the group temporarily and watch other children play. Physical punishment is NOT used with a 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 from and Parent Handbook issued yearly.

Parent or Guardian Signature: ______________________________ Date: ____________________

Hobson Preschool 2024-2025 Tuition Schedule

Yearly Enrollment Fee for All Ages: $200.00

Monthly Tuition Fees for ages: **Infants and One year old rooms:**

School Day: **7:30A.M. -3:00P.M**. **$675.00**

Full day: **7:30A.M.-5:30 P.M.** **$900.00**

Monthly Tuition Fees for ages: **Two, Three and Four year old rooms**

School Day: **7:30A.M. -3:00P.M.** **$600.00**

Full day: **7:30A.M.-5:30P.M.** **$775.00**

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

Liability Release with Parental Consent for Medical/Emergency Treatment and Transportation

Child's Name: ____________________________

Child's Date of Birth: ______________________

Dr. Name: _______________________________ **Phone Number**: ____________________

The undersigned(s) being the lawful parent(s) and/or guardian of the above child hereby consent to the participation by the child in all day-care activities conducted by Hobson Preschool and First Presbyterian Church and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Hobson Preschool and First Presbyterian Church to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary other health authorities incident to the provision for medical, surgical, or dental care to the child. Health care shall include bus to not limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either Hobson Preschool personnel, First Presbyterian Church personnel, or if necessary by ambulance or other emergency vehicle. Notwithstanding other provisions in this consent form, Hobson Preschool shall not have the authority to withhold or withdraw life-sustaining procedure for the child.

The undersigned (s) assume (s) all risk of injury or harm to the above listed child and agree (s) to release, indemnify, and defend and forever discharge Hobson Preschool and First Presbyterian Church and its staff, employees, and agents of and from all liability, claims, demands, damages to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in Hobson Preschool.

Signature of Parent (s)/Guardian (s): ____________________________ Date: ____________

_____________________________ Date: ___________

HOBSON PRESCHOOL SUMMER ENROLLMENT APPLICATION

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

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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