

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. First Middle Last . Child's Name: Please circle the name the child is to be called. Present Age: _____yrs ._____ mo. Date of birth: ______ Boy_____ Girl_____ Home Address: _____ ______Zip_______ City_____ 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: Relationship to Child Name Age



Hobson Preschool Programs

Please review the list below and indicate your choices.

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

School Progra	m: 7:30 A.M.	<u>to 3:00 P.M.</u>			
	Infants	_ Ones	_ Twos	_Threes	Fours
Full-Day Progra	m 7:30 A.M. to	<u>5:30 P.M.</u>			
	Infants	Ones	Twos	Threes	Fours



Hobson Preschool Enrollment

Child Pick Up List/Emergency Contact Information

Mairie	Relationship t	o Child:	
Address:	City:	State:	Zip:_
Home Phone:	Work:	Cell:	
Emergency Contact #2(in case	e parents cannot be reached)		
Name:	Relationship to Child:		
Address:	City:	State:	Zip:_
Home Phone:	Work:	Cell:	
Address:	Relationship tCity:Work:	State:	Zip:_
Address: Home Phone: Emergency Contact #4(in case	City:Work:e parents cannot be reached)	State: Cell:	Zip:_
Address: Home Phone: Emergency Contact #4(in case) Name:	City: Work:	State: Cell: o Child:	Zip:_
Address: Home Phone: Emergency Contact #4(in case Name: Address:	City:Work:e parents cannot be reached)Relationship t	State: Cell: o Child: State:	Zip:_ Zip:_
Address: Home Phone: Emergency Contact #4(in case Name: Address: Home Phone:	City:Work:e parents cannot be reached)Relationship tCity:	State: Cell: o Child: State: Cell:	Zip:_ Zip:_



Developmental History

(Please fill out relevant information pertaining to your child)

Physical/Emotional problems your child may have:	
Special Diet Needs: Diabetic Food Allergie	es
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: _	



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 understand that at any given time I may updatesponse below.	
Yes	No
Photo Release Consent:	
I give consent for pictures to be taken of my Photographs may be used in news releas related material. Please check the appropria	se items, slides, website updates or other
Yes	No
Kindergarten Readiness Program:	
The Department of Human Services is providing for the parents of all of our three, four, five year of Program. This is in accordance with Legislative Assembly to insure all of our children are prepare indicates that you have received a calendar.	olds as part of the Kindergarten Readiness Act 825 enacted by the Arkansas General
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 recor 	rd 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 s	chool year!		
Parent/Guardian Signature	Date		
Page 6			



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 1^{st} of each month. Any accounts enrolled in auto draft, tuition will be drafted on the 1^{st} of each month.



<u>Liability Release with Parental Consent for Media</u>	cal/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 consent to the participation by the child in all day. Preschool and First Presbyterian Church and to the to said activities.	-care activities conducted by Hobson
The undersigned hereby further authorize(s) any or representatives of Hobson Preschool and First Preauthorize any health care at any hospital, emerged employ any physicians, dentists, nurses or other phealth care, review and if necessary other health medical, surgical, or dental care to the child. Health administration of anesthesia, x-ray, examination, pother procedures.	esbyterian Church to provide for, approve and ncy room, doctor's office or other institution, person whose services may be needed for such authorities incident to the provision for th care shall include bus to not limited to the
The undersigned(s) hereby further authorize(s) en Preschool personnel, First Presbyterian Church pe emergency vehicle. Notwithstanding other provisi shall not have the authority to withhold or withdr	rsonnel, or if necessary by ambulance or other ons in this consent form, Hobson Preschool
The undersigned (s) assume (s) all risk of injury or release, indemnify, and defend and forever discharch and its staff, employees, and agents of and to the child, or by the child, howsoever caused, ar child's participation in Hobson Preschool.	rge Hobson Preschool and First Presbyterian d from all liability, claims, demands, damages
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 Please enroll my child in Hobson Preschool. Enclosed is my enrollment payment of \$30.00, 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: (_____) MEMBERS OF HOUSEHOLD OTHER THAN PARENTS: Name Relationship to Child Age