



<b>AHPS Enrollment Eligibility Requirements:</b>
<ul style="list-style-type: none"> <li>MUST be of age by September 30.</li> <li>MUST be potty trained. (<i>Pull-Ups NOT permitted</i>)</li> </ul>
<b>PARENTS - PLEASE ANSWER THE FOLLOWING:</b>
<b>AQUIA HARBOUR RESIDENT?</b> YES    NO

Reg. Date	
Start Date	End Date
For Office Use Only	

<b>REGISTRATION AND AUTHORIZATION FOR TREATMENT FORM</b>	<b>2020-2021</b>
<i>Please complete all spaces - write N/A if not applicable</i>	

CHILD'S INFORMATION	CHILD'S FIRST & LAST NAME (and Nickname, if any)		GENDER (circle one) MALE / FEMALE		CHILD'S DATE OF BIRTH ____/____/____		
	PARENT/GUARDIAN NAME(S)						
	CHILD'S HOME STREET ADDRESS			HOME PHONE NUMBER			
	CITY		STATE	ZIP	CHILD'S PHYSICIAN	PHYSICIAN PHONE NUMBER	
	PERSON(S) ( <i>BESIDES PARENT/GUARDIAN</i> ) <u>AUTHORIZED</u> TO PICK UP YOUR CHILD ( <i>ID REQUIRED</i> )						
	PERSON(S) SPECIFICALLY <u>NOT</u> AUTHORIZED TO PICK UP YOUR CHILD						
	REQUIRE EPI-PEN? YES    NO  <i>*Students with diet restrictions or food allergies requiring Epi-Pen must provide their own safe snack each day.</i>			LIST ANY ALLERGIES:  LIST ANY CHRONIC PHYSICAL PROBLEMS:  LIST ANY DIETARY RESTRICTIONS OR FOOD INTOLERANCES:			

PARENT/GUARDIAN	PARENT(S) IS/ARE: MARRIED _____ DIVORCED _____		CHILD LIVES WITH: BOTH PARENTS _____ MOTHER _____			
	NEVER MARRIED _____ MOTHER / FATHER DECEASED _____		FATHER _____ GUARDIAN _____ STEP-PARENT _____			
	FATHER/LEGAL GUARDIAN EMPLOYMENT			MOTHER/LEGAL GUARDIAN EMPLOYMENT		
	HOME ADDRESS (IF DIFFERENT FROM CHILD)			HOME ADDRESS (IF DIFFERENT FROM CHILD)		

A N N I N F O R M A T I O N	FATHER'S WORK PHONE <i>(Work phone and cell phone must be provided if employed. If cell phone is used for work phone please put in both spaces. If not employed write N/A)</i>	MOTHER'S WORK PHONE <i>(Work phone and cell phone must be provided if employed. If cell phone is used for work phone please put in both spaces. If not employed write N/A)</i>
	FATHER'S CELL PHONE	MOTHER'S CELL PHONE
	EMAIL ADDRESS(ES) YOU WISH TO BE INCLUDED IN PRESCHOOL CORRESPONDENCE:	

EM ER GE NC Y CO NT AC TS	<b>We are required by law to have <b>two local people</b> (other than parents) who can be notified in an emergency:</b>					
	NAME			NAME		
	STREET ADDRESS			STREET ADDRESS		
	CITY	STATE	ZIP	CITY	STATE	ZIP
	BEST CONTACT PHONE		RELATIONSHIP TO CHILD	BEST CONTACT PHONE		RELATIONSHIP TO CHILD

A U T H O R I Z A T I O N F O R T R E A T M E N T	<b>AUTHORIZATION VALID FROM: September 1, 2020 to May 31, 2021</b> <i>Please complete all spaces - write N/A if not applicable</i>	
	I, <i>(please print your name)</i> _____, give permission to Aquia Harbour Preschool to authorize treatment at the nearest hospital for my child :	
	CHILD'S NAME _____ DATE OF BIRTH _____	
	MEDICINE ALLERGIES <i>(write "None" if there are none)</i> _____	
	SIGNATURE _____	DATE _____
	LIST ANY ROUTINE MEDICATIONS GIVEN <i>(write "None" if there are none)</i>	
	EMERGENCY CONTACT PERSON	PHONE NUMBER
	NAME OF INSURANCE	Policy number <i>(If Tricare provide last 4 numbers of SSN)</i>
	SUBSCRIBER NAME	EMPLOYED BY

<b>T U I T I O N A N D F E E S</b>	<p>A <b>Non-Refundable Registration Fee of \$50 (per student)</b> is payable at the time of Registration.  A <b>Refundable* Co-op Fee of \$250 (per family)</b> is due prior to the start of school (no later than August Orientation).</p> <p>A <b>Non-Refundable Supply Fee of \$75 (per student)</b> is due to the start of school (no later than August Orientation).  <b>Check or Money Order made out to: AHPS. Sorry, NO Cash.</b>  <b><u>Non-Residents of Aquia Harbour MUST purchase an annual Car RFID from the AHPOA Business Office.</u></b></p>			
	CLASS PREFERENCE (Please note 1 <sup>st</sup> and 2 <sup>nd</sup> choices):			
	<b>3AM Class</b> T/Th 9:00AM-12:00 \$115/\$75 per month	<b>3PM Class</b> T/Th 12:30PM-3:30 \$115/\$75 per month	<b>4AM Class</b> M/W/F 9:00AM-12:00 \$140/\$100 per month	<b>4PM Class</b> M/W/F 12:30PM-3:30 \$140/\$100 per month
	<p><b>Child is required to be potty trained.</b>  <b>Child must be of age prior to September 30 of the school year.</b>  <i>All fees are subject to change.</i>  <b>*Refundable if all Co-Op requirements are met by year end</b></p>			

<b>A G R E E M E N T S</b>	<b>PLEASE INITIAL</b>	
	I am aware that I will be charged a fee for late Tuition Payments.	
	I am aware that I will be charged a \$2/MINUTE fee (paid directly to the teachers) for late Pick Ups.	
	I am aware that all non-residents of Aquia Harbour must purchase a Car RFID through the AHPOA and return the provided form to the preschool by September 30. This is an AHPOA requirement.	
	I am aware that if my child has allergies that require an Epi-Pen at school, I must provide a safe snack for my child each class day.	
	<b>I am aware that if my child has a dietary restrictions (ex: vegetarian, no pork, etc.) that I must provide a snack for my child each day.</b>	
	I am aware that if my child requires an Epi-Pen at school, I must complete an authorization form and hand deliver an Epi-Pen to my child's teacher on or before the first day of class.	
	I am aware that I must provide a 30 day written notice of withdraw to the Vice President and Treasurer for consideration to obtain Co-op deposit back and settlement of account.	
	I am aware that my child must be fully potty trained and Pull-Ups are not permitted. Due to licensing, Staff are not able to assist with the restroom.	
	I am aware that my child is subject to a 60 day probationary period based on teacher evaluation and discretion.	
I am aware that if there are any custodial restrictions on who may pick up my child, the proper legal documents must be kept on file at the preschool. These records will be kept confidential.		

	I am aware that before my child can attend school, AHPS must have a state medical form on file. The child's doctor must complete this form which includes an updated immunization record.	
	I am aware an AHPS Board member must see my child's original birth certificate, or fill out an identity verification form.	

<b>S I G N A T U R E</b>	PARENT GUARDIAN SIGNATURE  X	DATE
	BOARD OF DIRECTORS SIGNATURE	DATE

# Identity Verification

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<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Place of Birth</b>	
<b>Birth Certificate Number</b>	
<b>Date Issued</b>	
<b>--OR--</b>	
<b>Other Form of Proof</b>	<input type="checkbox"/> Birth Registration Card <input type="checkbox"/> Hospital Notification of Birth <input type="checkbox"/> Midwife Birth Record <input type="checkbox"/> Passport <input type="checkbox"/> Placement Agreement from child placing agency <input type="checkbox"/> Record from a public school or Principal certification
<b>Board Member Signature</b>	
<b>Date</b>	

Proof of a child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia or certification by a principal or his/her designee of a public school in the US that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the provider/childcare center assumes responsibility for the child directly from school or the provider/center transfers responsibility directly to the school. While programs are not required to keep proof of the child's identity, documentation of view this information MUST be maintained for each child.



AQUIA HARBOUR PRESCHOOL

### AHPS Registration Checklist

Student Name: \_\_\_\_\_

Class:        \_\_\_\_\_ **3AM** (9:00-12:00PM T/Th)        \_\_\_\_\_ **4AM** (9:00-12:00PM M/W/F)  
                  \_\_\_\_\_ **3PM** (12:30-3:30PM T/Th)        \_\_\_\_\_ **4PM** (12:30-3:30PM M/W/F)  
                  \_\_\_\_\_ **3s Virtual** (T/TH TBD)        \_\_\_\_\_ **4s Virtual** (M/W/F TBD)

*Must Have For Registration: (or will be placed on wait list)*

\_\_\_\_\_ **Completed Registration Form and Authorization for Treatment**

Complete with two (2) local emergency contacts and doctor and insurance information.

\_\_\_\_\_ **\$ 50 Registration Fee** (non-refundable)

Check or Money Order made out to: AHPS. Sorry, NO Cash.

\_\_\_\_\_ **Birth Certificate**

Original Birth Certificate must be viewed/copied by an AHPS Board Member.

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*Must Have By Orientation: (or will not be allowed to attend school)*

\_\_\_\_\_ **State Medical Form and Immunization Record**

Required for all new students. Not necessary for those with one on file at AHPS.

\_\_\_\_\_ **\$ 250 Co-op Fee** (refundable if co-op duties completed)

Check or Money Order made out to: AHPS. Sorry, NO Cash.

\_\_\_\_\_ **\$ 75 Supply Fee** (non-refundable after Orientation)

Check or Money Order made out to: AHPS. Sorry, NO Cash.

\_\_\_\_\_ **Parent Handbook received and receipt form \*Signed\***

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*Must Have By Start of School:*

\_\_\_\_\_ **Tuition for September (\$115 - 3's In Person, \$75 -Virtual \$140 - 4's In Person, \$100 Virtual)**

Tuition is due the 1<sup>st</sup> of each month or late fees will be imposed.

\_\_\_\_\_ **Car RFID Form \*Signed\* for 2020-2021**

Non-Residents are required by the AHPOA to purchase one annually at the AH Business Office.