



Hollis Preschool

REGISTRATION

2022 - 2023

Hollis Preschool is pleased to announce registration for the 2022-2023 school year! For over 69 years, we have provided an environment to allow our students to grow into confident individuals. The teaching staff will provide the children with developmental, age appropriate activities to learn, create, explore, and socialize, while building language skills in a nurturing environment. Hollis Preschool educators provide a balanced schedule of small and large group settings, with quiet and active play; including outdoor fun, arts, crafts, dance, yoga, music and more.

PARENT / GUARDIAN

Name _____

Home address _____

Mailing address _____

Phone numbers:

Home _____

Mom's cell _____

Mom's work _____

Dad's cell _____

Dad's work _____

Guardian cell _____

Guardian work _____

Email addresses:

Mom _____

Dad _____

Guardian _____

STUDENT INFORMATION

Name _____

DOB _____

Gender _____

Home address _____

Sibling information:

Names & ages _____

How did you hear about Hollis Preschool?

CLASSES AT HOLLIS PRESCHOOL

— 2 Year Old Program, Mornings

2 days/week: Tue & Thu, 8:20am - 11:20am

- \$3,000 annually
- First payment of \$300 due June 1, 2022
- 9 remaining payments due beginning September 1, 2022 and ending May 1, 2023
- Child must turn 2 by September 1st to register

— 3 Year Old Program, Mornings (Class 1)

3 days/week: Mon, Wed & Fri, 8:20am - 11:20am

- \$3,750 annually
- First payment of \$375 due June 1, 2022
- 9 remaining payments due beginning September 1, 2022 and ending May 1, 2023
- Child must turn 3 by September 30th to register and must be potty trained.

— 3 Year Old Program, Afternoons (Class 2)

3 days/week: Mon, Wed & Fri, 11:45am - 2:45pm

- \$3,750 annually
- First payment of \$375 due June 1, 2022
- 9 remaining payments due beginning September 1, 2022 and ending May 1, 2023
- Child must turn 3 by September 30th to register and must be potty trained.

— 4 Year Old Kindergarten Readiness Program, Mornings/Afternoons

4 days/week: Mon, Tue, Wed, & Thu, 8:30am - 11:30am

2 days/week: Mon & Wed 11:30am - 2:00pm (Kindergarten Readiness - Extended Day)

- \$6,500 annually
- First payment of \$650 due June 1, 2022
- 9 remaining payments due beginning September 1, 2022 and ending May 1, 2023
- Child must turn 4 by September 30th to register and must be potty trained.

— 4 Year Old Enrichment, Afternoons

2 days/week: Tue & Thu 11:30am - 2:00pm

- \$220/monthly
- Payments will be due monthly starting on September 1, 2022 and ending on June 1, 2023
- Child must be enrolled in the 4 Year Old Kindergarten Readiness Program to attend Enrichment
- We reserve the right to cancel the class due to low enrollment. However, due to anticipated interest, enrollment is first come first served as a result of a limited number of spots. Registration forms are required to hold a spot in Enrichment.

PAYMENT METHOD

All payments will be made via Hollis Preschool's online portal, Sandbox. Upon registration, you will be sent information for signing up for Sandbox.

PAYMENT SCHEDULE

All school-year programs are based on an annual tuition, paid out in 10 installments and due based on the following schedule:

Payment 1: June 1, 2022

Payment 5: December 1, 2022

Payment 9: April 1, 2023

Payment 2: September 1, 2022

Payment 6: January 1, 2023

Payment 10: May 1, 2023

Payment 3: October 1, 2022

Payment 7: February 1, 2023

Payment 4: November 1, 2022

Payment 8: March 1, 2023

DISCOUNTS

The following discounts are only applicable to regular tuition (i.e. 2s, 3s and 4s core morning sessions).

— Sibling Discount

For families with multiple children attending Hollis Preschool, a 2nd, 3rd, etc. child receives a 10% discount on the lesser priced program.

— Military Discount

Hollis Preschool will offer a 10% discount for families who have a parent or guardian in active military duty. Upon registration, please provide documentation showing that a parent or guardian is active military.

— Employee Discount

The Board of Directors would like to offer a 10% discount to those children of staff members currently employed by Hollis Preschool.

FINANCIAL ASSISTANCE

Financial Assistance is based on fundraising events throughout the school year. These monies are limited but available to assist families facing financial hardship. These funds are on a first come first serve basis and are approved by the Board of Directors. The Board strongly encourages in kind services and/or volunteer time to help with offsetting tuition costs. Hollis Preschool is a non-profit organization and as such, all operational revenues are used to absorb the operational cost of the school. If you would like to apply for financial assistance, please send a request to admin@hollispreschool.com or our website for an application. Please note that on the application we will request financial information to determine eligibility.

TUITION DEPOSIT REFUND POLICY

This policy can also be found in your Parents' Handbook.

The Hollis Preschool Refund Policy is as follows:

- A non-refundable registration fee of \$100 is due upon registration of your child. This must be paid within two weeks of registering in order to secure a spot for the 2022/23 school year. All healthcare forms will be due within 30 days of registration as well.
- Hollis Preschool annual tuition is broken up into 10 payments; with June 1, 2021 being the first payment. The registration fee and first payment are both NON-REFUNDABLE.
- There are two exceptions to this policy. The first is in the event a family is relocating out of the Hollis area and will therefore no longer be able to send their child to the Hollis Preschool. The second is if a child is unable to adapt to the preschool program in a reasonable amount of time, it is the responsibility of the teachers and the board members along with the family to request that the child be withdrawn. The exceptions would result in the DEPOSIT ONLY being refunded.
- We reserve the right to cancel the class due to meeting enrollment requirements. However, due to anticipated interest, enrollment is first come first serve due to a limited number of spots. Registration forms and checks need to be sent to secure spots.

ACKNOWLEDGEMENT OF REFUND POLICY

I, (print name of parent/guardian) _____, have read and understand the Hollis Preschool Tuition Prepayment Refund Policy on the reverse side. I will notify the preschool immediately and in writing should I need to cancel my son/daughter's spot.

Parent/Guardian Signature:

Date:



Hollis Preschool

STUDENT INFORMATION

Child's Name: _____ Child's Date of Birth: _____ Gender: _____

Other children and/or extended family living with child:

Name	Age	Grade	Relation	Health
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child been in any playgroups, preschool, daycare or any other group experience? Please describe:

My child is:

☐ Right handed ☐ Left handed ☐ Undecided

Any allergies?

Does your child have any special likes/dislikes/fears? Please describe:

Any other medical conditions we should know about?

Are there any special religious holidays that you celebrate with your family?

Please describe anything else about your child that would help his/her teacher:

Please feel free to attach additional pages to include more information if necessary. If you prefer, you may contact your child's teacher at the beginning of the school year to discuss any other family circumstances or situations you feel it would be helpful for us to know. Your child's privacy is important to us. All information discussed remains confidential.

Parent/Gaurdian Signature:

Date:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number:	Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date: