



2008-2009 Multi-Arts Preschool Registration Form for Ages 3 1/2 - 5

STUDENT INFORMATION

Student's Name _____ Date of Birth _____ Age _____ Gender _____

Address _____

City _____ State _____ Zip _____

Please circle student's racial/ethnic identity(ies): Asian Black Hispanic Indian Native American White Other

CONTACT INFORMATION

Father's Name _____ E-Mail _____

Phone (H) _____ (W) _____ (Cell) _____

Mother's Name _____ E-Mail _____

Phone (H) _____ (W) _____ (Cell) _____

Student lives with both parents mother father self other _____

Emergency Contact Person (in addition to parents) _____

Phone (H) _____ (W) _____ (Cell) _____

How did you hear about the Multi-Arts Preschool? _____

VERY IMPORTANT: Please read then sign Arts Together's Waiver of Liability: I hereby release Arts Together, Inc., its employees, volunteers and board members from any and all liability, cost or expense associated with any injury sustained by any member of my family while participating in Arts Together, Inc.'s programs. I give permission to Arts Together to seek medical treatment in case of an emergency. I further give Arts Together permission to use for publication any photo in which members of my family appear. I have read and understand Arts Together, Inc.'s policies.

SIGNATURE _____ DATE _____

PROGRAM OPTIONS

*Because the preschool fills quickly, please note order of preference for the options below.

_____ 2 days a week – Tuesdays & Thursdays, 9am – Noon

_____ 3 days a week – Mondays, Wednesdays & Fridays, 9am – Noon

_____ 3 days a week – Tuesdays – Thursdays, 1-4pm

_____ 5 days a week – Mondays – Fridays, 9am – Noon

Please add me to the waitlist if all the spaces in the Preschool are full.

PAYMENT ENCLOSED

Registration Fee(Non-refundable if a child is offered a preschool spot but declines it.) \$ 180.00

Yes, I would like to contribute to the Arts Together Scholarship Program! \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

I will pay by check made payable to: **Arts Together.**

Please charge my credit card: MasterCard Visa

Name as it appears on credit card _____

Account # _____ Exp.Date _____

Signature _____ 3-Digit Verification #: _____

FOR OFFICE
USE ONLY

DATE:

\$\$:

AC:

QB:

CF:

Please send form & payment to:
Arts Together Multi-Arts Preschool, 114 Saint Mary's Street, Raleigh, NC 27605.
OR if paying by credit card, you may fax this form to 919.833.5218.

**** Please Complete the Questions on the Back of This Form.****

1. What do you hope your child will gain by attending Arts Together's Multi-Arts Preschool?

2. Please list activities your child enjoys.

3. What are your child's greatest strengths?

4. Are there any areas in which you would like to see your child develop more fully?

5. Has your child participated in playgroups; been to birthday parties; attended classes, school or summer programs before? If so, please list those activities and tell us what your child likes to do best and least when taking part in these types of social events.

6. Does your child have any learning differences and/or physical disabilities? If so, what are they and what techniques and/or accommodations have you found most helpful for your child?

7. Does your child have any medical issues, allergies or other concerns that we should be aware of?

8. Hospital Preference _____ Physician _____ Phone _____