



# 2010-2011 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 Arts Together's 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

\_\_\_\_\_ 3 days a week – Mondays, Wednesdays & Fridays AM

\_\_\_\_\_ 3 days a week – Tuesdays, Wednesdays & Thursdays PM

\_\_\_\_\_ 5 days a week – Mondays - Fridays

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

## PAYMENT ENCLOSED

Non-Refundable Registration Fee and Materials Fee: \$ 200.00.

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 #: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
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 \_\_\_\_\_