



School for Young Children

A Ministry of Lenoir Presbyterian Church
1002 Kirkwood Avenue ~ Lenoir, NC 28645 ~ (828)758-7212
Director: Jennifer Clark Cell: (828) 394-8064
Email: syc@lenoirpres.org

Application and Registration Form

2024-2025

Enrollment for all SYC Families and LPC

February 1, 2024

Registration Fee \$50

Early Open Enrollment March 1, 2024

Registration Fee \$50

Regular Enrollment April 1, 2024

Registration Fee \$75

Please read and complete this application carefully and completely. Registration Form (Part 1) and a nonrefundable registration fee are required to secure registration.

Acceptance and final class assignments are based on enrollment levels and class size.

The School for Young Children welcomes all children. We do not discriminate by race, sex, color, or creed. We are a private non-profit preschool. We reserve the right to refuse enrollment based upon our review of this application. We also reserve the right to dismiss students at any time during the year based upon our policies, insurance, or safety for all students, and our training to supervise/teach your child.

SCHOOL FOR YOUNG CHILDREN BOARD OF DIRECTORS



School for Young Children

2024-2025

The 2023-2024 SYC school year will begin on **Monday, August 26, 2024** for students and end on **Thursday, May 15, 2025**. Orientation will be August 22 and 23.

CLASSES AND TUITION FOR 2024-2025 SCHOOL YEAR

15 Month Class

5 Day - Monday - Friday	\$315/month
3 Day - Monday/Wednesday/Friday	\$205/month
2 Day - Tuesday/Thursday	\$165/month

2-Year Class

5 Day - Monday – Friday	\$290/month
3 Day - Monday/Wednesday/Friday	\$195/month
2 Day - Tuesday/Thursday	\$160/month

3- Year Class

5 Day - Monday-Friday	\$255/month
3 Day - Monday/Wednesday/Friday	\$185/month
2 Day - Tuesday/Thursday	\$145/month

Pre-K Class

5 Day - Monday-Friday	\$255/month
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There is an additional \$10 per month snack fee.

- We are a half day preschool and operate 9 am – 12 pm. Early Morning Care 8 am – 9 am is offered.
- Our Pre-K classes utilize the prekindergarten edition of the Foundations® Curriculum. This is the same curriculum taught in classes in the Caldwell County School system.
- We use the school birthday cutoff date of August 31 for placement of children in a class. A child is placed in a class based on their age as of August 31.
- Acceptance and final class assignments are based on enrollment levels and class size.

Tuition and Withdrawal Policy

TUITION PAYMENTS

Tuition may be paid by cash, check or monthly ACH debit option. Checks should be made payable to **SYC (The School for Young Children)**.

- **Monthly tuition is due the 1st of each month.** Tuition payments are considered **late after the 10th**. If the tuition is not paid by the 10th of the month, there is a \$10.00 late fee. We ask that the **first payment be made at Orientation or on the child's first day of school**. There is a return check fee of \$25.00. SYC gladly accepts tuition in advance of the due date.
- **Checks may be dropped in the tuition box, mailed or given to the Director.** Please do not hand tuition check to the teachers. Please ensure your cash payments are inside an envelope with your child's name marked and amount enclosed clearly on the outside. **Write your child's name on the MEMO line of your check** to ensure proper credit. A convenient **ACH debit option is also available**. A family may have tuition ACH debited automatically from a checking account on the first business day of the month. Forms are available at orientation.
- If a family becomes two months behind in payment (and they have not made some type of arrangement with the Director) the student may not return to the school until tuition has been paid. If a family has an outstanding debt to SYC from the previous year the child may not attend until the debt has been paid or other financial arrangements have been completed.

WITHDRAWALS

If a child is withdrawn during the school year, a written **one-month** withdrawal notice is required. The withdrawal notice must be given in writing to the Director. Families are obligated to pay the full tuition for one month following the withdrawal. For example, if you withdraw between the 1st and 10th of the month, then you would be responsible for paying the full current month's tuition. If you withdraw after the 11th, then you are responsible for the current and the following month's tuition as well.

If your child attends class one day in a given month, tuition must be paid for the entire month. Monthly tuition will not be refunded to any student unless the student has a credit for future months.

If your child is decreasing the number of days they attend SYC (ex. going from five day enrollment to three), the student must give a **one-month** notice and must pay the full tuition for the current and following month. The student may continue attending SYC for the number of days they pay to attend.

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Office Use
C _____
D _____
BD _____
PD _____
RD _____
A _____
8/31

Registration Form 2024-2025 (Part 1)
(Due with Registration Fee)

Name of Child: _____ Preferred Name: _____

Sex: _____ Birth Date: ____ / ____ / ____ Home Phone: _____

Class: 15 Month ____ 2 Year ____ 3 Year ____ Pre-K ____ **Days:** (5) M - F ____ (3) MWF ____ (2) TTh ____

Home Address: _____

Mailing Address: _____

Email Address to receive preschool correspondence: _____

Family Data

Father's Name: _____

Employer: _____ Occupation: _____

Business Phone: _____ Cell/Other: _____

Mother's Name: _____

Employer: _____ Occupation: _____

Business Phone: _____ Cell/Other: _____

Whom should we contact in case of emergency if parent(s) cannot be reached? (Please give two)

Name # 1: _____ Relationship: _____

Address: _____ Telephone: _____

Name # 2: _____ Relationship: _____

Address: _____ Telephone: _____

What is the name of your child's doctor? _____ Office Telephone: _____

Please complete the attached Medical / Health Certificate form to be submitted with the Registration form.

I have read and agree to the Tuition and Withdrawal Policy.

I hereby grant permission for my child to be treated in case of emergency, if parents cannot be reached.

Signature of Parents

Date

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MEDICAL / HEALTH CERTIFICATE 2024-2025 (Due at Orientation)

Section I – to be completed by parent/legal guardian:

CHILD _____

Age _____ Birth Date ____/____/____
Last First Middle Nickname

PARENT/LEGAL GUARDIAN _____

Address _____
Last First

Street City State ZIP

1. Does your child have any medical conditions the staff of SYC should be made aware of? _____
2. Does your child have any known allergies? _____
3. Is your child on any special dietary restrictions? _____
4. Do you have any special requests regarding your child's care while at SYC? _____

Section II - to be completed by child's physician/parent:

1. Does this child enjoy good health free from any chronic conditions? _____
2. Has this child demonstrated normal motor and mental development? _____
3. Should this child be on any physical or dietary restrictions? _____
4. Are the child's immunizations up to date? _____
5. Date of most recent health checkup? ____/____/____
6. Any comments / recommendations / concerns? _____
7. Does this child have an Individualized Education Plan (IEP)? Yes ____ (Please provide a copy), No ____
8. Individualized Family Services Plan (IFSP)? Yes ____ (Please provide a copy), No ____
9. Does this child have an Individualized Care Plan (ICP)? Yes ____ No ____
10. Please include a copy of the child's current **NC Immunization Registry Patient Immunization Record**. Attached _____
If the child has not had NC recommended immunizations, note the reason and documentation - Parental __ Religious __ Other __
11. Results of Tuberculin Test, if given: Type _____ Date _____ Normal _____ Abnormal _____

I certify that the above information is correct: _____ and/or _____
Physician's Signature Parent's Signature

ALLERGY AND SPECIAL CARE NEEDS

For each child with special health care needs or food allergies or special nutritional needs, the child's health care provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.

I give consent to post information about my child's food allergy in the food preparation area and in the areas of the facility the child uses.

Childs' name _____ Parent's signature _____