

EARLY ARTS AT EDGEMONT

Early Arts at Edgemont is an intentional preschool. We work with students ages Early 2's (18-24 months) PK5. School days for students in classes Early 2's through 3 1/2 are 8:30 a.m.-12:30 a.m. on their respective class days. Our PK4 students attend 5 days a week, 8:30 a.m.-12:30 p.m. Students in the PK5 attend 8:30 a.m.-1:30 p.m., five days a week. Students should be at the appropriate class ages by June 30th. Our goals are to equip young students with learning opportunities to encourage each one to become a lifelong learner. We provide opportunities through various types of activities that include music, art, cooking, early science, early math and engineering, along with early academics to prepare each student to be ready for their next class at Early Arts and Kindergarten. We approach learning with hands-on, play-based activities.

Early Arts has several school sponsored events:

- Fall Follies (November)
- Scholastic Book Fair (February)
- Spring Art and Dance Show (April/May)

Included in this packet:

- Application (each child needs an application on file)
- Tuition and Fees Schedule
- Child Medical Form and Blue Card

To process your child's application, we will need a completed application form and the registration fee. We will need your child's medical form and Blue Card at/before the Parent Open House in August.

Early Arts at Edgemont is a license exempt preschool through the Department of Human Resources.

We appreciate your interest in Early Arts at Edgemont. We are honored to be considered as part of your child's early learning journey. If you have any questions, please feel free to call us at 256-766-3662.

Thank you,
Stacey Pruitt, Director
Early Arts at Edgemont



EARLY ARTS AT EDMONT
REGISTRATION, FALL 2024
1330 EAUCLAIRE
FLORENCE, ALABAMA 35630

CHILD'S NAME: _____
PREFERRED NAME: _____ M ___ F ___
D.O.B.: _____ TODAY'S AGE: ___ YRS. ___ MOS.
ADDRESS: _____

EARLY 2'S (18-24 MONS): M/W ___ T/TH ___
2½: 2 day M/W ___ T/TH ___ or
3 day M/W/F ___ T/TH/F ___
3½: 3 day M/W/F ___ T/TH/F ___ or
4 day T-F ___ or 5 day M-F ___
4½: M-F (8:30-12:30) ___
PRE K5 (8:30-1:30) M-F ___

MOM'S NAME: _____	DAD'S NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
CONTACT PHONE: _____	CONTACT PHONE: _____
TEXT (CIRCLE ONE): YES OR NO	TEXT (CIRCLE ONE): YES OR NO
EMAIL: _____	EMAIL: _____

CONTACT IN CASE OF EMERGENCY:
NAME: _____
PHONE: _____
RELATION TO CHILD: _____

CHILD'S PHYSICIAN: _____
PHYSICIAN'S PHONE: _____
ALLERGIES: FOOD or ENVIROMENTAL:

My child loves: _____

Office Use: Registration Fee: Cash ___ Check # _____ Amt. _____ 2nd child discount (ck if applied ___)
Monthly Tuition _____ Act. Fee _____ (x2)

Child's name: _____ DOB: _____

We would like to get to know your family better. Please take a few minutes to give us some information.

Who lives in the home with your child?

Place of Employment:

Dad _____

Mom _____

Siblings: _____ age _____ _____ age _____

_____ age _____ _____ age _____

When your child is not feeling well, what types of behaviors will we observe?

(We do contact you if your child runs a fever or we observe they are not feeling well.)

Did/Does your child receive any services outside of Early Arts that may impact them, such as speech, etc.)

Yes _____ No _____ Did/does your child receive any Early Intervention (EI) Services? Yes _____ No _____

If yes currently, who is the service provider?

MY CHILD:

- Looks me in the eye when I speak: ___ yes ___ no
- Follows simple directions: ___ yes ___ no
- Can communicate wants/needs: ___ yes ___ no
- Verbally ___ or with Cues ___
- Runs/Jumps/Climbs: Yes ___ No ___
- Can ride a tricycle/pedal toy ___ yes ___ no
- Can throw a ball ___ yes ___ no
- Can catch a ball ___ yes ___ no
- Eats with a spoon/fork ___ yes ___ no
- Pottys independently ___ yes ___ no

Child's Name: _____ D.O.B. _____

How does your child primarily communicate with you at home? Options: Single words, 2–3-word phrases, short conversations, gestures, leads to what they want, my child is not yet using words to communicate

Is your child able to follow directions at home? Do you have any concerns about how your child understands language?

Has your child been diagnosed with any health, developmental, or behavioral issues? ___yes ___no. If so, please explain. You may use the back of this page for an explanation.

Does your child take any medication on a regular basis? (We do not give medications; this question is for information purposes only) ___yes ___no

Does your child sleep well at home? ___yes ___no

Does your child have any food aversions (textures) ___ yes ___no
food allergies? ___yes ___no

Please explain (Use back for more space):

At what age did your child potty train? _____ (**children going into 3 ½ class must be potty trained. Even so, we do know accidents can occur**)

What concerns may you have concerning your child? (Please include speech, behavioral, or developmental concerns.) Please use the back of this page if needed.

Has your child attended any other preschool/daycare programs? If so, where and dates of attendance??

___ yes - Where? _____ Dates of Attendance: _____

___ no

Signature: _____ Date: _____