

Application Number _____
Application Date _____

SCHOOL HOURS
8am-12 Noon

This application
& the below documents
must be submitted together
(no exceptions)

- ~ \$300 non-refundable application fee per child or \$500 per family
- ~ Copy of Birth Certificate or Passport
- ~ 4 yr Physical from Doctor
- ~ Immunization/Shots Record



Al-Iman School Pre-K Application 2010-2011

3020 Ligon Street
Raleigh, North Carolina 27607
Telephone: (919) 821-1699 Fax: (919) 821-2988
www.alimanschool.org

1. Al-Iman School does not discriminate against applicants based on race, color, national, origin, religion sex or age.
2. Child must be 4 years of age by August 31, 2010 to apply for the Pre-K program.

WAIVER OF ACCEPTANCE

I understand that acceptance of this application is contingent upon initial screening with the Pre-K teacher.

Parent's Signature _____ Date _____

Al-Iman's Health and Social Record

Name _____ Nickname: _____

Birth date: ___/___/___ Height: _____ Weight: _____

Parent Information:

(Father)

(Mother)

(Home Phone Number)

(Home Phone Number)

(Work/ Cell Number)

(Work/ Cell Number)

Has your child been in child care before? Yes ___ No ___ If so what type? _____

Child's Doctor's Name _____

Address: _____ Phone: _____

Does your child have an existing condition that Al-Iman should be aware? Yes ___ No ___

If yes, please explain: _____

Do you think your child is functioning at age level? Yes ___ No ___ If no, please explain _____

Is your child able to walk? Yes ___ No ___ Explain _____

Is your child able to communicate with others? Yes ___ No ___

Explain: _____

Is English the primary language used in the home? Yes ___ No ___ If no, what language is spoken in the home? _____

Does your child have a special or restricted diet? Yes ___ No ___ If yes, please explain: _____

Does your child have eating difficulties? Yes ___ No ___ If yes, please explain: _____

Is your child toilet trained? Yes ___ No ___

Does your child require any medication, therapy, treatment or medical assessment while in Pre-School? Yes ___ No ___ Explain _____

Comments and additional information _____

Correct and Complete Information: To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that false information provided herein or in connection with the enrollment process may result in immediate dis-enrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require at Al-Iman Preschool's request.

Parent Signature

(Date)

TUITION AND OTHER FEES

CURRENT TUTION AND FEES 2010-2011.

* Prices are subject to change.

Registration Fee	\$300.00 *	Non-Refundable
Materials Fee	\$160.00 *	Yearly
5 day Tuition	\$330.00 *	Monthly
Late Tuition Charge	\$20.00	After 7 th of the month
Late Pick up Charge	\$5.00 per minute	Applied after 12:00 PM.

1. Complete and submit an admission application to the Front Office by the pre-announced deadline.
2. Present a certified birth certificate.
3. Submit a copy of the last Health Physical from your child's Doctor as well as a copy of the Immunization Record. Your child must have at least the minimum immunizations as required by the State of North Carolina.
4. Pay the non-refundable registration fee. (*see above*)

Tuition is due at the beginning of each month (tuition can be paid by the semester or year).

- A late fee of \$20.00 is added if payment is not made by the 7th of each month. A \$20 penalty is applied to all returned checks.
- Payments that are not made by the 7th of each month may result in the immediate suspension of the child.