

Prek 3 or Prek 4 (Circle One)
Application Number _____
Application Date _____

SCHOOL HOURS

Regular Half-Day 8:00-11:45
Regular Full-Time 8:00-3:35



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

**Tuition and Fees are subject to change.*

Al-Iman School
Pre-K Application
 Half-Day *or/* **Full-Time**
2012-2013



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 3 - 4 years of age by August 31, 2012 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 _____

FOR OFFICE USE ONLY: R/E AL HM SR

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 of? 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's Signature

Date

TUITION AND OTHER FEES

* Tuition and fees are subject to change.

<i>Description</i>	<i>Half-Day Fee</i>	<i>Full-Time Fee</i>	<i>Comment</i>
Registration Fee	\$300.00 *	\$300.00*	Non-Refundable
Materials Fee	\$400.00 *	\$400.00*	Yearly, Non-Refundable
Tuition	\$350.00 *	\$475.00*	Monthly
Late Pick up Charge	\$5.00 per minute	\$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/Fees Policies:

1. Effective August 1st, 2011, all tuition and material fee payments must be made by automatic withdrawal only.
2. Automatic withdrawals will be processed by the bank on the 15th of each month.
3. Tuition can be paid by the month, the quarter or the year.
4. 1st Installment of the Tuition and Educational Materials will be processed on July 15th, 2012.
5. A \$30.00* penalty is applied to NSF transactions (insufficient funds).
6. Accounts that are not current by the 27th of the month may result in the immediate suspension of the student.
7. No child will be re-enrolled to the school if there is an outstanding tuition or other fees from the previous year.

By signing below, I acknowledge that I have read, understood and completed this form and that I have authorized the deduction of a specified amount from my account for direct deposit into the account of Al-Iman School.

Parent`s Signature

Date

Staple voided/canceled check here