



WELCOME TO HOBBLE CREEK LEARNING CENTER

Dear Parents,

Thank you for your interest in Hobble Creek Learning Preschool. Our preschool is designed to give your child an opportunity to learn through structured play, build a solid foundation for reading, writing, and math, and practice social behaviors. Our mission is to create a learning environment in which your child can develop a love of life-long learning.

We believe in creating a positive and stimulating learning environment for your student. Our preschool classrooms inspire your child's creativity and imagination. Large picture windows let in natural light and bright colors fill the rooms. We have chosen toys that are safe and educational to enhance your child's preschool experience.

Stephanie Harker, an early childhood education specialist and educator for 30 years, developed the preschool's multidisciplinary curriculum. The curriculum provides opportunities to learn through movement, play, art, reading, games, and music. Our educators are local, qualified, and experienced teachers, that we personally know and trust.

Each class has two teachers and a maximum of 12 students. This ensures that each student receives the personalized attention and supervision they deserve. Enrollment is based primarily on a first come first serve basis. However, we give priority to students, and siblings of students that are currently enrolled in the preschool.

To ensure your child's placement please return the following registration materials with the \$35.00 non-refundable registration fee (this holds your child's spot in the class). Please feel free to contact any member of our staff if you have any other questions, concerns or suggestions.

We look forward to nurturing your child's love of learning.

Sincerely,

Brooke Dunkley
Business Manager
801-491-0825
brooke@hobblecreeklearning.com

www.hobblecreeklearning.com
Hobble Creek Learning & Enrichment Center
375 S. 300 E.
Springville, UT 84663

PRESCHOOL REGISTRATION FORM

Child's Name _____ Date of Birth: _____ Sex: M F

Address: _____

Phone #: (____) _____ Session Desired: _____

How did you hear about Hobble Creek Learning Center? _____

PARENT INFORMATION

Name of Female Legal Guardian: _____ Ph #: (____) _____

Name of Male Legal Guardian: _____ Ph #: (____) _____

Alternate Phone #: (____) _____ Parent Email Address: _____

MEDICAL HISTORY

Family Physician: _____ Ph #: (____) _____

Family Dentist: _____ Ph #: (____) _____

Does your child have any major health issues our instructors should be aware of? YES NO

If yes, please describe (include issues related to allergies, vision, hearing, health, etc...)

Is your child currently under medical care? YES NO

Is your child taking any medication? If so, what medication and for what conditions?

When was your child's last physical exam? (mm/dd/yy) ____/____/____

Date of the last Tetanus booster (mm/dd/yy): ____/____/____

List any surgical operations and the year of operation:

List any major injuries or accidents our instructors should be aware of:

In Case of Emergency Contact (if you cannot be reached):

1st choice: _____ Ph #: (____) _____

2nd choice: _____ Ph #: (____) _____

As parent and/or legal guardian, I do herewith authorize the treatment by qualified and licensed medical doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature of Parent/Guardian

Date

PICK-UP AUTHORIZATION FORM

Child's Full Name: _____

Please list below all individuals who are authorized to pick up your child/children. The individuals will also be called in the event of an emergency and the parent(s) cannot be reached. See our pick-up policy for full details. Photo I.D. will be required for these individuals to pick up your child.

Other People Authorized to Pick Up Your Child

1 Name: _____ Home Phone: () _____

Relationship to Child: _____ 2nd Phone: () _____

2 Name: _____ Home Phone: () _____

Relationship to Child: _____ 2nd Phone: () _____

3 Name: _____ Home Phone: () _____

Relationship to Child: _____ 2nd Phone: () _____

4 Name: _____ Home Phone: () _____

Relationship to Child: _____ 2nd Phone: () _____

5 Name: _____ Home Phone: () _____

Relationship to Child: _____ 2nd Phone: () _____

6 Name: _____ Home Phone: () _____

Relationship to Child: _____ 2nd Phone: () _____

I do hereby authorize Hobble Creek Learning and Enrichment Center to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Hobble Creek Learning Center from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Guardian

Date

PRESCHOOL PAYMENT OPTIONS

There are several payment options available for preschool participants. Read over the choices and decide which payment plan is right for you. Please note that with each payment option a \$35.00 registration fee and the last month's payment is due (last month's payment will be applied to May's tuition or to the last month the child attends with a 30 day notice from parents).

Complete this form and return it to Hobble Creek Learning Center
Check the payment plan desired.

Option #1 – Monthly payments

It is the responsibility of the parent to make sure payment for preschool is received the first day of each month. A \$5.00 late fee will be assessed per each business day past due after the first of the month.

Option #2 – Automatic Debit/ Charge Card

VISA/MASTERCARD. If you choose this option you must complete and return the Charge Card Authorization Form below. You will receive a monthly discount if you choose this option (see payment schedule).

Option #3 – Yearly Pay in Full

VISA/MASTERCARD. You can choose to pay for the school year in one payment. You will receive a per month discount with this option (see payment schedule). To receive the discount you must pay for this option at least one week before school begins.

FALL PAYMENT SCHEDULE (Please Circle One)

T/TH	M/W/F	M/T/W/Th/F
#1 - \$118.00	#1 - \$176.00	#1 - \$288.00
#2 - \$112.00	#2 - \$168.00	#2 - \$280.00
#3 - \$106.00	#3 - \$160.00	#3 - \$266.00

Signature Parent/Guardian

Date

CHARGE CARD AUTHORIZATION FORM

I hereby give Hobble Creek Learning Center permission to charge my credit card indicated below, on a monthly basis for my child's preschool monthly payment. The charge will be processed by Hobble Creek Learning Center on the first day of every month, beginning the month of registration. No bill will be sent. We will automatically charge your account each month.

Circle one: VISA MASTERCARD Exp. Date (mm/dd/yy): ____/____/____

Card Number: _____

Cardholders Name (please print): _____

Cardholders Signature: _____

Child's Name: _____

Office Use Only					
Please Indicate Date/Receipt Number When Charged					
SEP _____	DEC _____	MAR _____			
OCT _____	JAN _____	APR _____			
NOV _____	FEB _____	MAY _____			