

## FALL 2025-2026

## PRESCHOOL/PREK PROGRAM REGISTRATION

| Child Name:                 |
|-----------------------------|
| Child date of birth:        |
| Child home address:         |
| PRIMARY CONTACT INFORMATION |
| Name:                       |
| Relationship:               |
| Cell #:                     |
| Email address:              |
| Employer:                   |
| Work phone #:               |

EMERGENCY CONTACT INFORMATION

| Contact 1 Name, phone # and relationship to child(ren): |   |
|---|---|
| Contact 2 Name, phone # and relationship to child(ren): |   |
| Okay to contact in case of emergency?                   |   |
| Additional questions:                                   |   |
| Has your child ever had pro                             | evious school experience? If so, where and how long?  |
| Does your child typically h                             | ave difficulty separating from you? If yes, what do you find helps them?  |
| Does your child have any a                              | llergies?   |
| Please review and initial t                             | he following policies:  |
|   | e time, NON REFUNDABLE fee of \$200 is required to secure your d \$100 for each additional sibling enrolled. <b>This is due at the time of</b>  |
|   | are due at the first of each month. A late fee of \$20 will automatically be ived after the 4th of each month. We accept cash, check, Venmo or Zelle  |
|   | children ages 3-6 must be able to use the bathroom with little assistance. required to be in underwear during the school day, and must be able to it frequent accidents.  |
| <del></del>   | will be a one time, nonrefundable \$50 activity fee at the beginning of the m supplies, curriculum materials, etc. <b>This payment is due at the time of</b>  |
| staff asap. If child is late on                         | vill be late dropping off or picking up by more than 15min, please alert multiple occasions (3 or more) without any notification, a late fee of \$10 tardiness without notification becomes habitual, staff has the right to m. |

| Sch         | nedule change: If you would like to <u>increase</u> the amount of days you send your child,            |
|-------------|--|
| please give | e <u>2 weeks notice</u> to all staff. If you would like to <u>decrease</u> the amount of days you send |
| your child  | than what was initially agreed upon, staff must be notified 30 days in advance. **Staff                |
| cannot gu   | arantee that they can accommodate schedule changes. All schedule changes are                           |
| decided at  | t the discretion of the staff.   |

(sign & date) <u>I agree to abide by Free Spirit Farm Schools policies</u>, and understand that failure to do so may result in my child(rens) dismissal. By signing this form, <u>I understand that Free Spirit Farm School can terminate my child's position in the program at any time if extenuating circumstances are present.</u>

## PROGRAM OPTIONS:

(Please choose 1)

| 5 day program:                                   | \$700/month |
|--|-------------|
| 3 day program<br>(Monday, Wednesday,<br>Friday): | \$450/month |
| 2 day program<br>(Tuesday, Thursday):            | \$350/month |



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