

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.

To process your child's application, we will need a completed application form and the registration fee of \$100.00. In order to complete the application, we need the child medical form completed by your physician and ALSO, we need their Blue Card from your physician's office

Thank you,
Stacey Pruitt, Director
Early Arts at Edgemont



EARLY ARTS AT EDMONT
 REGISTRATION, FALL 2025
 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: 5 day M-F (8:30-12:30) ____

PRE K5: 5 day M-F (8:30-1:30) ____

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 OTHER THAN PARENTS (Parents are always first call):

NAME: _____

PHONE: _____

RELATION TO CHILD: _____

CHILD'S PHYSICIAN: _____

PHYSICIAN'S PHONE: _____

ALLERGIES: FOOD or ENVIROMENTAL: Y ____ N ____

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE AN EPI PEN/INHALER? _____

What age did your child crawl? _____ What age did your child walk? _____

Does your child still use a lovey, paci, or another object for comfort? Please describe: _____

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 _____

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
- Do others outside your home understand your child in conversation? ____ yes, ____ no
- Does your child have the opportunity to be around other children of the same age? ____ 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

Do you have concerns about your child's language development? Have you ever discussed this issue with your pediatrician? Has your child met age-appropriate milestones according to his/her last checkup?

(Use the back of this paper for explanation if needed)

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**)

Are there any concerns you may have about your child? (Including speech development, behavioral, or developmental concerns, i.e. fine/gross motor skills) 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: _____