 **REGISTRATION FORM 2019-2020**

**105 S. Main Street**

**Shrewsbury, PA 17361**

**717-235-0459 clpskids.org**

Mommy & Me (2’s)

 Tuesday AM

 Thursday AM

Young 3’s

(must be 3 by 12/31/19)

 (MW) AM

 (TTh) AM

Preschool (3-4 Year Olds)

(must be 3 by 8/31/19)

 3 day (MWF) AM

 3 day (MWF) PM

 2 day (TTh) AM

Pre-K (4-5 Year Olds)

(must be 4 by 8/31/19)

***\*\*Must be 5 by 12/31/19 or by***

 ***teacher recommendation***

 5 day (M-F) AM \*\*

 4 day (MTWTh) AM

 3 day (MWF) AM ***By Invitation Only***

 3 day (MWF) PM

Registration Fee: (Non-refundable) Received Check # Cash

 $25.00 Mommy & Me, $50.00 Young 3’s, Preschool, Pre-K

Child’s Name: Nickname Date of Birth M/F

Address: City: State: Zip:

Phone Email Address

School District/Elementary School:

Daycare Provider (If applicable) Phone

Siblings (ages)

**Emergency Contacts**

**Please list in the order we should contactin the event of illness, bathroom accidents, late pick-up, etc.:**

**Parent/Guardian 1**

Name

Relationship

Address

Phone #

Email

**Parent/Guardian 2**

Name

Relationship

Address

Phone # ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_

**Emergency Contact 3**

**N**ame

Relationship

Phone #

**IMMUNIZATION REQUIRMENTS** Records received by CLPS **\*\* Updated immunization records are due by 9/12/2019. \*\***

If your child has their well visit scheduled soon, please let us know in the office

**Medical/Personal History** (please check all that apply)

Previous group or preschool experience. Where and when?

Allergies Potty Trained Working on Potty Training Speech Hearing LIU Services

**Other special needs or concerns:**

**Medical Emergency Authorization**

In the event of an emergency, I authorize CLPS staff to provide any first aid care deemed necessary for my child.  Signature/date

In the event of an emergency in which I cannot be reached, I authorize CLPS staff to accompany my child to the hospital by ambulance for any emergency care deemed necessary. Signature/date

**CLPS Directory**

I give Christ Lutheran Preschool permission to publish the following in the preschool Directory:

Name Address Phone Email I do not wish to have my child published in the Directory

**Photography/Publications**

I understand that when participating in CLPS events my child may be photographed or video-taped. These images may be used in church or preschool news releases or other published formats including the CLPS password protected website and the CLPS invitation only Facebook page  Signature/date

**DO NOT photograph my child  Signature/date**

**Preschool Policies:**

* If you are going to be late to pick up your child, we must receive a phone call BEFORE dismissal time or you will be assessed a late pick-up fee of $10 for up to 15 minutes. After 15 minutes, an additional $1 per minute will be added. \_\_\_\_\_\_\_\_\_
* Monthly Tuition is due on the 1st of the month. A late fee of $20 will be assessed if your tuition is not paid by the 10th of the month. \_\_\_\_\_\_\_\_\_\_
* If your tuition is not paid by the 10th of the month, your child will not be allowed to stay for Lunch Bunch. \_\_\_\_\_\_\_\_­­­\_
* If your tuition is still outstanding by the 15th of the month, your account will be assessed a charge of $5/day and your child will not be permitted to come to class until the balance is paid. \_\_\_\_\_\_\_\_\_\_
* If your tuition is not paid by the end of the month, we reserve the right to commence legal proceedings to recover the debt and you may be responsible for any associated legal fees or collection costs. \_\_\_\_\_\_\_\_\_\_\_
* A service charge of $25 will be assessed for any returned check and a $10 charge will be assessed for any declined credit card. \_\_\_\_\_\_\_\_\_\_\_
* If you choose to withdraw your child during the school year, you must provide written notice at least 30 days prior to your child’s last day of attendance. Failure to provide will result in additional monthly tuition obligations for the notice period. \_\_\_\_\_\_\_\_\_\_\_
* If Preschool services are no longer being rendered and there is an outstanding balance on your account, we reserve the right to commence legal proceedings to recover the debt and you may be responsible for any associated legal fees or collection costs. \_\_\_\_\_\_\_\_\_\_\_

I have read and understand this enrollment agreement and agree to all its contents.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date