



Community Preschool Registration Form 2020-21



Desired Date of Enrollment: _____ Date of Birth: _____

Child's Name: _____ Gender: Boy Girl

Address _____

1- Parent's Name: _____

Address: _____

Telephone: (H) _____ (C) _____

Occupation: _____ Telephone (W) _____

Parent's Email Address: _____

2- Parent's Name: _____

Address: _____

Telephone: (H) _____ (C) _____

Occupation: _____ Telephone (W) _____

Parent's Email Address: _____

Can we contact you via email regarding our program, or your tuition/account? Yes ___ No ___

Child's Doctor: _____ **Telephone:** _____

1. Language(s) spoken at home: _____

2. What are your child's group experiences? _____

3. Does your child have siblings? (Names and Ages): _____

4. Does your child have any **ALLERGIES**? Explain: _____

5. Are there any medical concerns that we should be aware of? (Such as; premature or difficulty at birth, sight or hearing concerns, asthma, heart condition/ concerns.) Please explain: _____

6. What else should we know about your child/family? _____

8. How did you hear about us? _____

AUTHORIZED EMERGENCY CONTACTS: *(other than parents)*

Please list persons who are authorized to pick-up your child in case of emergency if neither parent is available.

Person #1 _____

Address: _____

Home Phone: _____

Cell Phone: _____

Relationship to Child: _____

Person #2 _____

Address: _____

Home Phone: _____

CellPhone: _____

Relationship to Child: _____

Please choose a program:

- _____ **2's Program:** (Must be two by September 1st)
 _____ **PreK 3 Program:** (Must be three by October 1st)
 _____ **PreK 4 Program:** (Must be four by October 1st)

Indicate your 1st and 2nd choice of days and hours below:

	Before Care 8:00-8:45am	Half Day 8:45-11:45am	Full Day 8:45-3:45pm	After Care 3:45-4:15pm	After Care 3:45-5:00pm
5 days M-F					
3 days M-W-F					
2 days Tue/Thu					

Financial Agreement:

It is my desire to enroll _____ in Community Preschool for the 2020-2021 school year. I agree with the policies and financial terms of the school as stated in the Parent Handbook. I understand that the tuition is a yearly tuition and is then divided into 10 equal monthly payments regardless of the number of days of service in a month. The administration fee and the security deposit are due at the time of registration and I understand that both fees are **non-refundable**.

I understand that each monthly **tuition payment is due before the 5th** day of the month of service. I was informed of the different payment options available (check, cash, online, automatic payment, post dated check, debit, credit card) and understand that I will be charged a \$20 late fee if payment is submitted after the 5th of the month of service, and a \$40 late fee if payment is submitted after the 15th of the month of service whether the day is a weekday, a weekend day or a Holiday.

I understand that by signing this financial agreement, I am the person responsible for tuition payments and that all discussions about this agreement will also be my responsibility.

Signature: _____ Date: _____

___ Birth Certificate ___ Immunization ___ Univ. Health Record ___ Flu Shot

___ Admin. Fees: \$ _____ # _____ ___ Sec. Deposit: \$ _____ # _____