



# Community Preschool Registration Form 2021-22



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** \_\_\_\_\_

**Person #2** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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 1<sup>st</sup> and 2<sup>nd</sup> 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 2021-2022 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 also understand that tuition is non-refundable under any circumstances, foreseen or unforeseen.**

I understand that each monthly **tuition payment is due before the 5<sup>th</sup>** day of the month of service. I was informed of the different payment options available (check, cash, online, automatic payment, postdated check, debit, credit card) and understand that I will be charged a \$20 late fee if payment is submitted after the 5<sup>th</sup> of the month of service, and a \$40 late fee if payment is submitted after the 15<sup>th</sup> 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: \_\_\_\_\_

\_\_\_ Immunization      \_\_\_ Univ. Health Record      \_\_\_ Flu Shot

\_\_\_ Admin. Fees: \$ \_\_\_\_\_ # \_\_\_\_\_      \_\_\_ Sec. Deposit: \$ \_\_\_\_\_ # \_\_\_\_\_