



Community Preschool Registration Form 2022-23

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: _____

Best way to contact you: Email Phone Call Class Dojo

Child's Doctor: _____ Telephone: _____

- Language(s) spoken at home: _____
- Your child's siblings name(s) and ages: _____
- Your child's group experiences: _____
- Your child's **ALLERGIES**: _____
- Anything we should be aware of to better serve your child? (born prematurely, sight, hearing, speech, physical therapy)

- Any food restrictions? (vegan, vegetarian) _____
- Religion practiced? _____
- 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 and a half 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:

	OPTION A Before Care 8:00-8:45am	OPTION B Half Day 8:45-11:45am	OPTION C Full Day 8:45-3:45pm	OPTION D 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 2022-2023 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 total divided into 10 equal monthly payments regardless of the number of days of service in a month, and each option A-B-C-D has separate monthly tuition fees. Missed days and vacation days may not be swapped or prorated. The administration fee, supplies fee and the security deposit are due at the time of registration and I understand that these 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: _____

___ Admin. Fee: \$ _____ # _____ ___ Sec. Deposit: \$ _____ # _____ ___ Immunization

___ Supplies Fee: \$ _____ # _____ ___ Univ. Health Record ___ Covid Waiver ___ Checklist