



**Community Preschool Registration Form**  
**SUMMER FUN PROGRAM 2020: 8:30 am – 4:00 pm**  
Session 1: June 22 – July 17     Session 2: July 20 – August 14



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 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, and/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? \_\_\_\_\_

\_\_\_\_\_

7. How did you hear about us? \_\_\_\_\_

AUTHORIZED EMERGENCY CONTACTS: (other than parents)  
persons who are authorized to pick-up your child in case of emergency if neither parent is available.

Please list

Person #1 \_\_\_\_\_

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

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

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

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

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

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

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

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

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

- **Choose a program:** AM: 8:30-12:00 / PM: 12:30-4:00 / FULL DAY: 8:30-4:00

**Session 1:**

4 weeks: June 22 – July 17

\_\_\_ 5 days Monday – Friday \_\_\_AM \_\_\_PM \_\_\_FULL

\_\_\_ 3 days Mon./Wed./Fri. \_\_\_AM \_\_\_PM \_\_\_FULL

\_\_\_ 2 days Tues. & Thu. \_\_\_AM \_\_\_PM \_\_\_FULL

**Session 2:**

4 weeks: July 20 – August 14

\_\_\_ 5 days Monday – Friday \_\_\_AM \_\_\_PM \_\_\_FULL

\_\_\_ 3 days Mon./Wed./Fri. \_\_\_AM \_\_\_PM \_\_\_FULL

\_\_\_ 2 days Tues. & Thu. \_\_\_AM \_\_\_PM \_\_\_FULL

\*The school reserves the right to cancel a class or combine classes with insufficient enrollment. If the session that you registered for is cancelled, the administration fee and security deposit will be refunded.

**Financial Agreement:**

It is my desire to enroll \_\_\_\_\_ in Community Preschool for the 2020 Summer Fun Program. I agree with the policies and financial terms of the school as stated in the pamphlet. I understand that the tuition amount is per 4-week session. At the time of registration, the administration fee and tuition for one 4-week session are due. I understand that both fees are **non-refundable** and that the session must be paid in full before my child(ren) may attend.

I understand that my child's spot will be given to someone else if tuition isn't paid by Friday, June 19 for Session 1 and Friday, July 17 for Session 2. By signing this financial agreement, I am the person responsible for tuition payments and all discussions about this agreement will also be my responsibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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