



Community Preschool Registration Form
SUMMER FUN PROGRAM 2019: 8:45 am – 3:45 pm
Session 1: June 24 – July 19 Session 2: July 22 – August 16



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, 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? _____

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:

***AM: 8:45-11:45**

***FULL DAY: 8:45-3:45**

Session 1:

4 weeks: June 24 – July 19

___ **5 days** Monday – Friday ___ **AM** ___ **FULL**

___ **3 days** Mon./Wed./Fri. ___ **AM** ___ **FULL**

___ **2 days** Tues. & Thu. ___ **AM** ___ **FULL**

Session 2:

4 weeks: July 22 – August 16

___ **5 days** Monday – Friday ___ **AM** ___ **FULL**

___ **3 days** Mon./Wed./Fri. ___ **AM** ___ **FULL**

___ **2 days** Tues. & Thu. ___ **AM** ___ **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 2019 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 space will be given to someone else and that I will be moved to the waiting list if tuition isn't paid by Friday, June 14 for Session 1 and Friday, July 12 for Session 2. Once you are moved to the waiting list, a space is not guaranteed.

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: \$ _____ # _____