



Community Preschool Registration Form

SUMMER FUN PROGRAM: 8:45 am – 11:45 am

Session 1: June 25 – July 20

Session 2: July 23 – August 17



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: _____

CellPhone: _____

Relationship to Child: _____

Relationship to Child: _____

Please choose a program:

Session 1:

4 weeks: June 25 – July 20

___ **5 days** Monday – Friday

___ **3 days** Mon. – Wed. – Fri.

___ **2 days** Tues. – Thu.

Session 2:

4 weeks: July 23 – August 17

___ **5 days** Monday – Friday

___ **3 days** Mon. – Wed. – Fri.

___ **2 days** Tues. – Thu.

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

Financial Agreement:

It is my desire to enroll _____ in Community Preschool for the 2018 Summer Fun Program. I agree with the policies and financial terms of the school as stated in the pamphlet. I understand that the tuition is per 4-week session. At the time of registration, the administration fee and tuition for one 4-week session are due. I understand both of these fees are **non-refundable**. Payment for each additional 4-week session is due 1 week preceding the start of the next session. I understand that I will be charged a \$40 late fee if payment is submitted once the session has started.

Signature: _____ Date: _____

___ Birth Certificate ___ Immunization

___ Univ. Health Record ___ Flu Shot

___ Admin. Fees: \$ _____ # _____

___ Sec. Deposit: \$ _____ # _____