



# CHRISTIAN FAMILY PRESCHOOL

## APPLICATION FOR ENROLLMENT

2022-2023

**Preschool Registration fee: \$80 (Non- Refundable)**

Name of Child \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (MI)

Child's Physical Address \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Student must be of age prior to or on September 1st. Please check all that apply:

\_\_\_ 3 year room (Mandatory at least 3 days) [ ] Mon [ ] Tues [ ] Wed [ ] Thur [ ] Fri

\_\_\_ 4 year room (Mandatory at least 3 days) [ ] Mon [ ] Tues [ ] Wed [ ] Thur [ ] Fri

Preschool Tuition per Day: \$17 Tuition will be billed monthly.

### INFORMATION ABOUT THE FAMILY

Father/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Email address to be used for newsletters and billing purposes \_\_\_\_\_

### INFORMATION ABOUT CHILD

Child lives with \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other \_\_\_\_\_

Is your child actively involved in local church? \_\_\_ No \_\_\_ Yes Name of Church \_\_\_\_\_

Did your child attend a different program before this one? \_\_\_ No \_\_\_ Yes Name \_\_\_\_\_

Please provide any information concerning your child which would be helpful in social, recreational and academic activities \_\_\_\_\_

Office Use Only:

Application Date \_\_\_\_\_ Fee Received \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

**I give permission for:**

[ ] No [ ] Yes The publication and use of my child's artwork, writings or photography. This may include media displays or website. (No personal information will be used.)

**HEALTH CARE NEEDS**

For any child with health care needs such as allergies, asthma, or chronic conditions that require specialized health services, a medical plan must be attached to the application. The medical plan must be completed by the child's parent or health care professional. Is a medical plan attached? [ ] Yes [ ] No

List any allergies and the symptoms and type of response required for allergic reactions: \_\_\_\_\_

List any health care needs or concerns (Including but not limited to chronic illnesses, physical disabilities, and dietary restrictions), symptoms and the type of response required: \_\_\_\_\_

List any particular fears or unique behavior characteristics the child has: \_\_\_\_\_

List any types of medication taken for health care needs not already listed above: \_\_\_\_\_

Share any additional information that has a direct bearing on assuring safe medical treatment for your child: \_\_\_\_\_

**CONTACTS**

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship to Child	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY MEDICAL CARE INFORMATION**

Name of health care professional \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

I, as the parent/guardian, authorize Christian Family Preschool to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Christian Family personnel agree to contact EMS and if needed provide transportation to an appropriate medical resource in the event of emergency. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_