



CHRISTIAN FAMILY PRESCHOOL

APPLICATION FOR ENROLLMENT 2024-2025

Preschool Registration fee: \$100 (Non- Refundable)

Attach Birth Cert., Immunization Record or Exemption

Name of Child _____ Birthdate: _____
(Last) (First) (MI)

Child's Physical Address _____
(Street Address) (City) (Zip Code)

Student must be of age by August 31st and potty trained. 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

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.)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Persons NOT authorized to pick up my child _____

Mother Signature _____ Date _____

Father Signature _____ Date _____

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 learning disabilities, 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: _____

EMERGENCY MEDICAL CARE INFORMATION

Name of health care professional _____ Phone _____

Hospital preference _____ Medical Ins. Co. _____ Policy # _____ Exp. Date _____

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 _____