



REGISTRATION FORM 2018-2019 SCHOOL YEAR

Child Information:

Child's Full Name: _____ Age as of 9/1/18: _____

Name child will go by at Preschool: _____ Birthdate: _____

Address: _____

Phone Number: _____ Gender: _____

Allergies/Medications: _____

Chronic Medical Conditions/Special Needs: _____

List other children in the family (names and birthdates): _____

Has child previously attended a preschool before? _____

If yes, where? _____

What language is spoken in the home? _____

Are there any foods your child cannot eat? _____

Is child potty trained? _____ Any special information we should know if they are starting this process _____

Does child take a nap? _____

What type of discipline does your child respond to best at home? _____

Any other helpful information we need to know about your child? _____

Parent Information:

Mom's Name: _____ Phone Number: _____

Home Address: _____

Occupation/Employer: _____

Cell Phone/Alternate Phone Number: _____

Email Address: _____

Dad's Name: _____ Phone Number: _____

Home Address: _____

Occupation/Employer: _____

Cell Phone/Alternate Phone Number: _____

Email Address: _____

Does child live with both parents? _____ If no who does child spend most of the time with? _____

Please list all people who are authorized to pick your child up from preschool:

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Medical Information:

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Insurance Carrier: _____

Policy Number: _____

Emergency Contact: Name: _____

Phone Number: _____ Cell Phone: _____

Parental Agreements/Permissions: Please initial by each statement:

_____ I understand that my child's picture may be taken while at preschool. I give permission for any pictures to be used by the preschool in presentations or publications including facebook.

_____ In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child, transfer to Anmed Health if deemed necessary, and for physician at Anmed Health to treat my child.

_____ I understand that a registration fee of \$60 and a supply fee of \$40 must accompany this application. This is a non-refundable fee.

_____ I understand that the tuition is figured over 10 full months in order to keep the monthly charge as low as possible and that August, December, and April are all full tuition.

_____ I understand that if for any reason I want to withdraw my child from Covenant Christian Academy, I must give a one month notice. If I don't give a notice, I will still owe the month's tuition in full.

_____ I understand that the Academy is totally closed on the following days: Labor Day, Wed-Fri of Thanksgiving Week, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, MLK Jr. Day, Good Friday, full week of Spring Break, Memorial Day, and July 4th

_____ I understand that the Academy is totally closed for 2 staff development days each school year - one before Christmas and one after - specific dates will be on the calendar.

_____ I understand that the Academy will be closed the week of Christmas. Due to how Christmas falls on the calendar this year and how Anderson Districts tentatively are closing we will not offer a Christmas camp this year. We will only close the three days after Christmas.

Financial Contract

Program Information: Please circle the program(s) enrolling child in:

2 Day Preschool: \$255.00

3 Day Preschool: \$265.00

5 Day Preschool: \$275.00

Kindergarten: \$345.00

Lunch Buddies: \$3/hour used

Early Bird: \$2/day used or \$25.00 monthly

3 Full day without lunch: \$345.00

3 Full day with lunch: \$365.00

Full Time Care without lunch: \$415.00

Full Time Care with 5 days of lunch provided: \$445.00

Full Time K5 Care without lunch: \$430.00

Full Time K5 Care with lunch: \$460.00

_____ I plan to pay the year in full by Open House and receive a 10% discount.

_____ I plan to pay tuition monthly and will pay the tuition by the 5th of every month. I understand that if tuition is not paid by the 5th a late fee will be incurred and tuition will then have to be paid either weekly or biweekly.

_____ I plan to pay tuition bi-weekly. A schedule of payments for the school year will be given at Open House - it will be the 5th of the month and the 20th of the month.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____