



## REGISTRATION FORM 2020-2021 SCHOOL YEAR

### Child Information:

Child's Full Name: \_\_\_\_\_ Age as of 9/1/20: \_\_\_\_\_

Name child will go by at Preschool: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Chronic Medical Conditions: \_\_\_\_\_

Special Needs or Therapy(s) Your Child Receives: \_\_\_\_\_

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 \_\_\_\_\_

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? \_\_\_\_\_

List below all who are authorized to pick your child up from preschool other than Mom and Dad:

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 calculated 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, Election day, Wed-Fri of Thanksgiving Week, December 23-January 1 for Christmas Break, MLK Jr. Day, Good Friday, full week of Spring Break, Memorial Day, and July 4<sup>th</sup>

\_\_\_\_\_ I understand that the Academy is totally closed for 2 staff development days each school year. One will be on Nov. 2 and the other will be on Feb. 15.

# Financial Contract

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

2 Day Preschool: \$270.00

3 Day Preschool: \$280.00

5 Day Preschool: \$290.00

Kindergarten: \$365.00/with lunch \$395

Lunch Buddies: \$4/hour used

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

3 Full day without lunch: \$365.00

3 Full day with lunch:\$385.00

Full Time Care without lunch: \$435.00

Full Time Care with 5 days of lunch provided: \$465.00

Full Time K5 Care without lunch: \$450.00

Full Time K5 Care with lunch: \$480.00

\_\_\_\_\_ I plan to pay tuition monthly and will pay the tuition by the 5<sup>th</sup> of every month. I understand that if tuition is not paid by the 5<sup>th</sup> 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 discussed at Open House - it will be the 5<sup>th</sup> of the month and the 20<sup>th</sup> of the month.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_