



REGISTRATION FORM 2021-2022 SCHOOL YEAR

Child Information:

Child's Full Name: _____ Age as of 9/1/21: _____

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 or has received:

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, Wed-Fri of Thanksgiving Week, December 20-December 31 for Christmas Break, MLK Jr. Day, 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 will be in the fall semester and one in the spring semester. Specific dates will be in the handbook.

Financial Contract

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

2 Day Preschool: \$290.00

3 Day Preschool: \$300.00

5 Day Preschool: \$315.00

Kindergarten: \$390.00/with lunch \$420.00

Lunch Buddies: \$5/hour used

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

3 Full day without lunch: \$385.00

3 Full day with lunch:\$405.00

Full Time Care without lunch: \$460.00

Full Time Care with 5 days of lunch provided: \$490.00

Full Time K5 Care without lunch: \$475.00

Full Time K5 Care with lunch: \$505.00

_____ 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 discussed with the director.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____