

**Kids' Central Preschool
2022-23 REGISTRATION PACKET**

Student's Full Name _____

Preferred Name _____ **M** _____ **F** _____

Birthday _____ **Age** _____
month/date/year

Physical Address _____
street address *city, zip code*

Mailing Address _____
if different *city, zip code*

Primary Guardian #1 _____
our primary contact

Email _____ **Relationship** _____

Place of Business _____ **Occupation** _____

Daytime Phone _____ (circle one) **Cell/Home/Work** **Texts ok?**
_____ *I am interested in being a parent volunteer or Sub on an "as needed" basis*

Guardian #2 _____

Address _____
(if different from child's) *street address* *city, zip code*

Email _____ **Relationship** _____

Place of Business _____ **Occupation** _____

Daytime Phone _____ (circle one) **Cell/Home/Work** **Texts ok?**
_____ *I am interested in being a parent volunteer or Sub on an "as needed" basis*

I am registering for:

<p>2 Days/Week 9:00am-12:00pm \$160/month ____ Mon. ____ Tues. ____ Weds. ____ Thurs.</p>	<p>3 Days/Week 9:00am-12:00pm \$240/month ____ Mon. ____ Tues. ____ Weds. ____ Thurs.</p>	<p>4 Days/Week 9:00am-12:00pm \$320/month ____ Mon. ____ Tues. ____ Weds. ____ Thurs.</p>
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Please note: Children must be at least 3-years-old and must be toilet trained. [P]
[SEP]

Brothers _____

Sisters _____

{ P }
{ SEP }

What language is primarily spoken at home? _____

How did you hear about our preschool? _____

What are you most wanting your child to gain from their preschool experience? _____

Social Information

Has your child previously attended preschool? If so, where? _____

Which elementary school will your child most likely attend? _____

What year will your child most likely attend Kindergarten? _____

Is your child right or left handed? _____

What are some of your child's favorite toys, games, interests and activities? _____

What is your child's favorite color? _____

Does it bother your child to have their hands dirty, or full of paint? _____

Do you anticipate any separation anxiety at first? _____

Does your child have any fears that we should know about? _____

Do loud noises bother your child? _____

Preferred discipline method at home? _____

Preschool Readiness

Is your child able to....

Use the bathroom independently? **Y N**

Socialize and communicate with peers verbally rather than physically? **Y N**

Sit and listen to a story for 5-7 minutes? **Y N**

Be away from you for a few hours? **Y N**

Work on a project, somewhat independently for 3-5 minutes? **Y N**

Follow along and participate in group activities? **Y N**

If you answered "N" to any of the above, please set up a time to meet with the Lead Teacher before your child begins our program.

Spiritual Information

Do you or your child attend Church? _____ If yes, where? _____

Does your church have an affiliation? (e.g. Lutheran, Baptist) _____

Does your child go to Sunday School? _____ If yes, how often? _____

Are there any Holidays you do NOT celebrate? _____ If yes, which one/s? _____

Are there any holidays that you celebrate, and perhaps we do not? _____

If the above answer was "yes" would you be willing to share your holiday with our class? _____

Please use this space to write any additional information about your child that you would like to share with us. _____

Emergency Contact Information/Medical Information

In case of emergency we will contact the guardians in the order listed.

Primary Contact _____
name *day time phone number*

Secondary Contact _____
name *day time phone number*

If neither guardian can be reached who should we call? _____
relationship to Child

Daytime Phone _____ Cell/Home/Work
(circle one)

Do you have insurance? _____ If "yes" with whom? _____

Subscriber's Name _____ Group Number _____

Family Doctor _____ Office Phone Number _____

Do you give Kids' Central Preschool teachers permission to call 911 or take your child to the

Emergency room if your emergency contact cannot be reached? _____
guardian Signature

Allergies or intolerances, including the severity _____

Do your child's allergies require an epee pen? _____

Other physical or mental conditions, special needs or limitations? _____

Is your child be treated for this condition? _____

May we contact the person treating your child if we have questions? _____

Person's name _____ Phone _____

Anything else regarding your child's physical, mental or emotional health that you feel is important to tell us, please use the space below:

Financial Information

Kids’ Central Preschool operates as a self-supporting ministry of Central Lutheran Church. It is financed by your yearly tuition which is paid over 9 months. We depend on your prompt payment in order to meet our expenses and to keep tuition rates as low as possible.

Who will be responsible for the tuition? _____

Are there any circumstances not permitting you to pay your tuition on the first of each month?

If payment is overdue by 2 months I understand my child will have to stay home until tuition is paid. **I understand that the \$60.00 registration fee is non-refundable.**

Cancelation Policy

1. Families who are unable to keep their academic year commitment must give notice by Aug. 1st or they will be held accountable for their first month’s tuition payment.
2. Families who leave the program after September 1st are under contract for the full academic year tuition unless a replacement can be found to fill their child’s spot in the classroom. (*KCP generally has an active “wait list” to fill spots*)

signature of guardian

date

Please make all checks payable to: **Kids’ Central Preschool**