|  |  |
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|  | Kiddie Garden Preschool where young lives growA ministry of Rise City Church  |

# Enrollment Application

## Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | DOB: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Potty Trained?  YES NO [ ]  [ ]  | Gender  M F [ ]  [ ]  | Desired Schedule: |  |
| How did you hear about us? |  | Desired Start Date: |  |

Mother’s Info

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Signature |  |
|  | Last | First | M.I. | Date: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
|  |  |  |  |

Father’s Info

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Signature |  |
|  | Last | First | M.I. | Date: |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
|  |  |  |  |

## Personal

Mother’s Info

|  |  |  |  |
| --- | --- | --- | --- |
| SSN |  - -  | Employer: |  |
|  |  | Phone Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cell Phone:** |  | Email: | Lives with Child? | YES[ ]  | NO[ ]  |

Father’s Info

|  |  |  |  |
| --- | --- | --- | --- |
| SSN |  - -  | Employer: |  |
|  |  | Phone Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cell Phone:** |  | Email: | Lives with Child? | YES[ ]  | NO[ ]  |

## Restricted Contact

Are there any **LEGAL** restrictions on contact with your child by another family member, such as a restraining order or a custody agreement?

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

If yes, please provide copies of legal documentation upon enrollment.

Are there any family members whom you would **PREFER** to have no contact with your child? If yes, please provide a separate and detailed written notice upon enrollment.

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

Mother’s Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Emergency Contacts

To properly care for your child in an emergency, we must have complete and up-to-date information. When any information changes, please notify us immediately. In case of emergency, we make contact in the order listed below.

Three contacts are required.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |

## Additional Emergency Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Address: |  | Phone: |  |
|  |  |

## Medical Information

Does your child have any special medical condition, physical problem, disability, or allergy of which a doctor should be aware before providing medical treatment?

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

Does your child regularly take any prescription or other medication at home or at school?

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

If you answered “Yes” to either question, please include a detailed written explanation with your application

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Primary Doctor |  |  Hospital/Clinic: |   |
| Address: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Insurance Carrier |  | Member/Policy Number: |  |

## Release and Consent

I certify that my answers are true and complete to the best of my knowledge.

I understand that in case of medical emergency, illness or injury, a reasonable effort will be made to contact us or the authorized persons listed above to arrange medical treatment for our child.

Should this effort fail, Kiddie Garden Preschool is hereby authorized to arrange for such treatment. Kiddie Garden Preschool may arrange for any qualified medical or emergency personnel to treat in whichever way may be deemed necessary for the health and well-being of our child. We consent to Kiddie Garden Preschool’s decisions regarding care for our child should it be unable to contact us or those listed above. We agree to accept full responsibility for the cost of any treatment or care which the preschool may arrange in such circumstances.

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Signature: |  | Date: |  |
| Father’s Signature: |  | Date: |  |

## Contract

It is our desire to enroll our child in Kiddie Garden Preschool. We agree to pay the following fees and to abide by all preschool policies as a condition of our child’s enrollment and continuing attendance. We understand that we will receive at least thirty days’ written notice of any change in financial policy affecting this contract.

***Initials by each item below to fulfill the terms of this contract.***

\_\_\_\_\_\_\_\_ APPLICATION FEE in the amount of $25.00 to be submitted with this form, and which is non-refundable.

\_\_\_\_\_\_\_\_ REGISTRATION FEE in the amount of $75.00 to be submitted upon enrollment, and which is non-refundable.

\_\_\_\_\_\_\_\_ SUPPLIES & MATERIALS FEE in the amount of $200.00 to be paid upon enrollment and which is non-refundable.

\_\_\_\_\_\_\_\_ MONTHLY PRESCHOOL FEES according to the current fee schedule published separately. Preschool fees are due on the 15th day of each month. Students will not be admitted to class if fees remain unpaid longer than 30 (thirty) days. Preschool fees are prorated for each day after admission or before withdrawal. All recurring regular fees are paid in the preschool office or sent through the mail.

Preschool fees are the same rate for every month of the year, regardless of absence, vacation, scheduled school closure, or length of month.

\_\_\_\_\_\_\_\_ LATE FEE in the amount of $25.00 for each instance a payment is received after the 20th day of a month.  Due dates are regardless of weekends, holidays, vacations, or absences. Delinquency will result in financial suspension from admission until the account is brought current. After three delinquencies, payment will be required by the 15th of ensuing months, with financial suspension beginning on the 16th until the account is cleared. Late fees are to be paid to the preschool office.

\_\_\_\_\_\_\_\_ BANK FEE in the amount of $25.00 is charged for each instance a check is returned. After a third returned check, remaining payments for the school year will be required in the form of cash, cashier’s check or money order.

\_\_\_\_\_\_\_\_ OVERTIME FEE for students picked up from school after 12:30PM (Half-Day) or 6:00 PM (Full-Day), families will be charged at the rate of $10.00 per fifteen minutes (or portion thereof) for the first hour, plus $20.00 per fifteen minutes (or portion thereof) for the second hour. NOTE: *Sign-out time is determined by the school clock.*

\_\_\_\_\_\_\_\_ VACATIONS: The preschool is closed on published school holidays and designated closures. Preschool fees are not discounted, monthly tuition remains the same. There are no refunds or allowances for absences due to illness, vacation, or other reasons. Financial contracts are made by the parents to guarantee a place in the preschool for the child and are the basis for the preschool’s financial commitments.

\_\_\_\_\_\_\_\_ PARENT HOURS are assigned at two hours per month for each family with children enrolled. Unworked hours are billed to accounts in November, February, May and August (or at withdrawal) at the rate of $10.00 per hour.

\_\_\_\_\_\_\_\_ PAYMENTS: Make all checks payable to **“Kiddie Garden Preschool”**. Regular payments are to be made to the preschool office. Initial fees and other one-time or occasional payments may also be delivered to the school office. Office hours are 9:00 AM to 4:00 PM on school days. A payment box is located outside the preschool office and payments can be dropped there at any time.

\_\_\_\_\_\_\_\_ INVOLVEMENT: We recognize we have an obligation to fully support and participate in the fundraising efforts, workdays, conferences, concerts, and other special events.

\_\_\_\_\_\_\_\_ ABSENCES: We understand that there can be no adjustment in fees due to our child’s absence from preschool for any reason.

Full tuition for each month is expected as tuition is figured on an annual basis, broken down evenly into 12 monthly payments. Missed days cannot be made up or exchanged.

\_\_\_\_\_\_\_\_ A WITHDRAWAL NOTICE **two weeks is required, and all fees continue to accumulate at normal rates until the date of withdrawal specified in writing, or until two weeks from the date on which the written notice is delivered to office staff, whichever comes later. All charges to student accounts are to be cleared by the last day of attendance.**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Signature: |  | Date: |  |
| Father’s Signature: |  | Date: |  |

## Enrollment Agreement

For your child's enrollment at Kiddie Garden Preschool to be considered, this application must be completed truthfully with each page signed by both parents showing it has been read, understood, and agreed to.

The application fee and other documentation are required before an application can be considered. Payment of the registration and materials fees ensure placement on the school roster, and students will be admitted upon payment of the first month’s tuition. All applications are subject to approval by the Director.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is our desire that our child be considered for enrollment in Kiddie Garden Preschool (a ministry of Rise City Church, a California non-profit religious organization). We agree to be bound by all the terms and conditions expressed throughout this application. In applying for enrollment, we specifically acknowledge and agree to the following:*

I understand that since this is a Bible-centered preschool our child will be taught that Jesus Christ is Savior and Lord.

I understand that the Kiddie Garden Preschool is a duly State-licensed facility and a member of the Association of Christian Schools, International; that staff members are qualified professionals; and that volunteers and associates are competent to perform their duties.

I understand that our child will be given opportunity to participate in activities aside from regular preschool activities for each of which our specific permission will be required; and provided reasonable care has been taken, we absolve Kiddie Garden Preschool corporately and their staff, volunteers and associates together and individually, from any and all liability in the event of our child's injury, illness, or exposure to infection at preschool or in the course of any regular or special preschool activity.

I understand that in case of emergency the preschool will make a reasonable effort to contact us or our authorized representatives before proceeding to arrange for medical care; and that the school maintains a supplemental accident insurance policy for students.

I understand that only ourselves, our authorized representatives, or certain officials designated by law may at any time remove our child from the preschool premises; and we will provide written authorization in advance for anyone else to do so.

I understand that the preschool is authorized to employ such discipline as it deems wise and expedient for our child, short of physical contact or restraint as punishment; and that we will be contacted if inappropriate behavior persists.

I understand that parental support being critical to the preschool; we are responsible to fulfill two hours per month for the preschool; to participate in fundraisers, special event and field trips; and to lend our involvement to the school’s parent group.

I understand that we will conform to and abide by all preschool policies including applicable governmental laws and regulations, this enrollment application, parent handbook, and any actions taken, published and endorsed by the Director, and the leadership of Rise City Church. Copies of all documents are available.

I understand that the fees paid do not cover the cost of our child's education, the remainder being provided by donations and fundraisers and that we agree to abide by the financial policies stated in the Financial Agreement included in this application.

*WE DECLARE: That we have read, understood, and in good faith agreed to all of the provisions, requirements and obligations of enrollment as set forth in this application; and we have provided all requested information freely, fully and truthfully.*

*WE AGREE: That if we have given any false, misleading, or misrepresented information, it will be grounds for rejection of this application without appeal; and if discovered after enrollment, is grounds for our child's immediate removal from the preschool and the forfeiture of all monies and fees paid, even if normally refundable.*

|  |  |  |  |
| --- | --- | --- | --- |
| Mother’s Signature: |  | Date: |  |
| Father’s Signature: |  | Date: |  |