

PLEASE COMPLETE ALL INFORMATION -PRINT CLEARLY

Preschool Registration Form

2023-2024

Please select a class option:

- 3 year old Tuesday/Thursday
Goldfish/Ducks 9-11:30 \$100/month
- 3/4 year old class: (age 4 by January 1, 2024)
Frogs: Monday, Wednesday, Friday 9:00-12:00 \$165/month
- Older 4'5 year old's (age 4 by September 15, 2023)
Ladybugs: Monday, Wednesday, Friday 9:00-12:00 \$165/month

*children must be **completely toilet trained** before beginning school.
Families with multiple students enrolled, qualify for a 10% tuition discount for each child.

STUDENT'S INFORMATION

Student's name: _____ Preferred Name: _____ Male __ Female __

Date of Birth: ____/____/____

Address: _____

Primary Phone Number: _____

List any special needs or allergies. All special needs and allergies need documentation from a health care provider.
Please request forms from the preschool office.

PARENT INFORMATION**Father**

Name: _____

Email: _____

Phone: Home _____

Mobile _____

Work _____

Address: _____

City: _____

Zip: _____

Mother

Name: _____

Email: _____

Home _____

Mobile _____

Work _____

Address: _____

City: _____

Zip: _____

Church of the Cross Preschool
Mailing Address: 1701 8th St SW
Physical Address: 1975 8th St SW
Altoona, IA 50009

Fees and Tuition are Non-Refundable

Registration Fee:	\$50
Snack fee:	\$50
First Month's tuition payment (Due when registering)	\$ _____
Total sent with form	\$ _____
Check # _____	

Pick-up and Emergency Care Permission Form

(List student's first, middle, last name and date of birth)

On this form you will tell us who is allowed to pick up your student after class or after a CCP off-site activity. We will not allow your child to leave with someone who:

- 1.) Does not have your child's official "Pick-Up" placard, or
- 2.) Is NOT on this list.

Individuals that we are not familiar with and show up without the "Pick-Up" placard will be asked to present identification. **Parents must include their name to this list.**

I hereby GRANT permission for my child to leave Church of the Cross Preschool with any of the following people listed below. I understand that if there are any changes that need to be made to this list, it is my responsibility as parent/guardian to provide *written* notification to the preschool staff.

I understand that in the event of an emergency, CCP staff will make every effort to contact a parent/guardian first. **I hereby GRANT permission to CCP to obtain EMERGENCY MEDICAL or DENTAL CARE even if they are unable to immediately make contact with me (the parent/guardian).**

I understand that if I cannot be reached, CCP will contact the individuals indicated below. In addition, all individuals on this list may be contacted if my child isn't picked up in a timely manner. **You must have at least one person outside of your home on this list.**

Signature and date:

Names of those who are allowed to pick up my child 1) <u>Parents, please include your name</u> 2) First person listed will be your FIRST emergency contact person 3) Include at least one person outside of home	Relationship i.e. Mother Father Grandparent Day care	Contact in emergency? (yes / no)	Contact Phone Number(s)
FIRST EMERGENCY CONTACT PERSON			