

**PLEASE COMPLETE ALL INFORMATION -PRINT CLEARLY**



**Preschool Registration Form  
2022-2023**



**Please select a class option:**

- 3-year old class: (check time preference)
  - Tuesday & Thursday mornings 9:00-11:30 \$100/month
- 3/4 year old class: (age 4 by January 1, 2022)
  - Monday, Wednesday & Friday mornings 9:00-12:00 \$165/month
- Older 4's and 5 year olds (FULL-Waitlist Only):
  - Monday, Wednesday, Friday mornings 9:00-12:00 \$165/month

\*children must be **completely toilet trained** before beginning school.

\*Limited financial assistance available.

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

Referred by: \_\_\_\_\_

**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) <b>First person listed will be your FIRST emergency contact person</b> 3) <b>Include at least one person outside of home</b>	Relationship  i.e. Mother Father Grandparent Day care	Contact in emergency? (yes / no)	Contact Phone Number(s)
FIRST EMERGENCY CONTACT PERSON			