

Christ Lutheran Children's Center

Part Day Preschool Registration

_____ is hereby registered by the undersigned parent(s) or guardian(s) for the 2012-2013 school year in Christ Lutheran Children's Center, conducted under the parish's Children's Center Committee. Complete and return this form to CLCC with a non-refundable \$100.00 application fee. A contract may be issued based on the information provided.

Please Check the Program of Your Choice:

_____ **3 year old 2-day Preschool Program** (Tuesday/Thursday 8:45 AM - 12:00 PM) \$150.00 per month
\$1,350 per year

_____ **3-5 year old 3-day Preschool Program** (Monday/Wednesday/Friday 8:45 AM -12:00 PM) \$210.00 per month
\$1,890.00 per year

_____ **Morning 4/5 year old Inclusive Preschool Program** (Monday through Friday 8:45 AM- 12:00 AM) \$280 per month
\$2,520 per (Adventure Room)

_____ **Afternoon 4/5 year old Inclusive Preschool Program** (Monday through Friday 12:45 PM-4PM) \$280 per month
\$2,520 per year (Adventure Room)

Please check the tuition payment plan you prefer:

_____ Monthly Preschool Tuition	Nine payments due on the 1st of each month.
_____ Semester Preschool Tuition	Three payments due Sept. 1, 2012, Dec.1, 2012 and March 1, 2013.
_____ Yearly Preschool Tuition	One payment due Sept. 1, 2012.

A limited amount of Scholarships are available. Decisions are made by the Children's Center Committee based on financial need. First consideration will be given to those applications received by April 15, 2012. If funds are still available consideration will be given to applications received by August 15, 2012. Scholarship applications are available in the Children's Center office.

Please Note: Based upon Center enrollment, the Children's Center reserves the right to cancel classes or adjust a child's classroom placement.

I give permission for my child to use all of the play equipment and to participate in all of the activities of the Center. I release Christ Lutheran Children's Center from all liability associated with any accident or injury occurring while my child is participating in any Center activity, especially where the hazard of such activity is apparent. I also give my permission for photographs that may be taken of my child while participating in Center programs to appear in newspapers, magazines, brochures, or other publicity materials.

Signature of Parent or Guardian _____ Date _____

All children must be completely toilet-trained.

A non-refundable application fee of \$100.00 per family must accompany this signed application or it is considered invalid. This fee will not be refunded in the event of cancellation.

Admissions Information

Child's name	Date of birth	Age
Address	City, State, Zip	
Mother's name	Mother's phone: H	W
Address	City, State, Zip	
Father's name	Father's phone: H	W
Address	City, State, Zip	

My email address is _____

Name your child is called at home _____

Name you wish your child to learn to recognize and write _____

Religious affiliation _____ Christ Lutheran Church Member? Yes No

Child lives with: Both parents _____ Mother _____ Father _____ Other _____

If the parents are separated, how often does your child see the absent parent? _____

Names and ages of child's brother(s) and sister(s) (if applicable):

Other members of the household (include name and relationship):

Has your child had other group experiences? _____ Please specify: _____

Has your child previously attended a preschool or childcare center? (Name) _____

How did you hear about Christ Lutheran Children's Center? (Friend, Relative, Church , ect.) _____

What do you hope your child will gain from this group experience?

Are there any family or home problems which might affect your child's school adjustment? If so, please explain.

Authorizations

A child will only be released from the Center to his/her mother, father or other persons authorized by the parents. In the case of divorce or separation, the Center cannot deny a parent access to a child unless copies of legal documentation stating otherwise are provided.

Persons authorized to pick up child other than parent: (Name, Address, Phone, Relationship to child)

Who may **NOT** pick up your child?

For Office Use Only:
Date Received _____
Time _____
Registration Paid _____
Check # _____
Date of Admission _____