

## Kids' Central Preschool 2019-20 REGISTRATION FORM

**Student's Full Name** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**Birthday** \_\_\_\_\_ **Age** \_\_\_\_\_  
month/date/year

**Physical Address** \_\_\_\_\_  
street address city, zip code

**Mailing Address** \_\_\_\_\_  
mailing address city, zip code

**Primary Guardian #1** \_\_\_\_\_  
(our primary contact)

**Email** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Place of Business** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  Texts ok?  
\_\_\_\_\_ *I am interested in being a parent volunteer 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** \_\_\_\_\_ **Cell** \_\_\_\_\_  Texts ok?  
\_\_\_\_\_ *I am interested in being a parent volunteer on an "as needed" basis*

*I am registering for:*

<b>2 Days/Week</b> 9:00am-12:00pm \$127/month ____ <b>Mon.</b> ____ <b>Tues.</b> ____ <b>Weds.</b> ____ <b>Thurs.</b>	<b>3 Days/Week</b> 9:00am-12:00pm \$190/month ____ <b>Mon.</b> ____ <b>Tues.</b> ____ <b>Weds.</b> ____ <b>Thurs.</b>	<b>4 Days/Week</b> 9:00am-12:00pm \$255/month ____ <b>Mon.</b> ____ <b>Tues.</b> ____ <b>Weds.</b> ____ <b>Thurs.</b>
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*Please note: Children must be at least 3-years-old and must be toilet trained.*

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

Which elementary school will your child most likely attend? \_\_\_\_\_

What year will your child most likely attend Kindergarten? \_\_\_\_\_

What language is primarily spoken at home? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Social Information**

Has your child previously attended preschool? If so, where? \_\_\_\_\_

Preferred discipline method at home? \_\_\_\_\_

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? \_\_\_\_\_

**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.**

**Financial Information**

Kids' Central Preschool operates as a self-supporting ministry of Central Lutheran Church. It is financed by your yearly tuition. 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 \$50.00 registration fee is non-refundable.**

**Cancellation Policy**

1. Families who are unable to keep their academic year commitment must give notice by Aug. 1 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)*

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Signature of guardian \_\_\_\_\_ Date \_\_\_\_\_

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