



2024 – 2025 Enrollment/Application Form
Overland Park Campus

Lottery #
_____ A B C

CHILD'S INFORMATION:

Child's Name: _____ Sex: _____ Date of Birth: _____
Child Lives With (Include siblings and ages): _____

Primary Parent/Guardian Information:

Name: _____
Relationship: _____
Address: _____

Email Address: _____
Cell Phone: _____
Cell Phone Carrier: _____ Consent to receive texts
Work/Other Phone: _____
Occupation: _____

Secondary Parent/Guardian Information:

Name: _____
Relationship: _____
Address: _____

Email Address: _____
Cell Phone: _____
Cell Phone Carrier: _____ Consent to receive texts
Work/Other Phone: _____
Occupation: _____

State Requires Two Emergency Contacts (Other than Parent or Doctor)

Name: _____
Relationship: _____
Address: _____

Cell Phone: _____
Work/Other Phone: _____

Name: _____
Relationship: _____
Address: _____

Cell Phone: _____
Work/Other Phone: _____

Person(s), other than parent, authorized to take child from school: (Child released only to those listed. Proper ID required)

Name: _____	Name: _____	Name: _____
Cell Number: _____	Cell Number: _____	Cell Number: _____
Relationship: _____	Relationship: _____	Relationship: _____

Medical History

Any allergies, asthma, or other health concerns? Yes or No If so, please list and explain procedures for care: _____

Is your child on any regular medications? _____ if so, please specify: _____

Any significant problems at birth (including prematurity): _____

Do you have any concerns for possible delays in speech, motor skills, hearing, vision or other physical limitations? _____ If yes, please describe: _____

Does your child have an IEP or does your child receive any special services such as speech or occupation therapy? _____ If so, what services and how often (Please provide a copy of your child's IEP goals if applicable to help us better serve your child): _____

Any pertinent information in your family that we should know about such as a recent move, divorce or separation, the birth of a new sibling, a serious illness, or a death in the family? _____

Child's Doctor (required) _____ Phone Number _____

Where will your child go to Kindergarten? _____ School District in which you live: _____

Is either parent/guardian a member of Colonial Presbyterian Church? Yes No

If no, where does your family attend? _____

Has either parent/guardian or any other sibling been enrolled in our program before? Yes No Parent Sibling



Colonial Child Development Center – Overland Park Campus

2024 - 2025 Parent Consent and Authorization Form

_____, I, the undersigned parent or guardian, hereby enroll my child, _____, for the 2024 – 2025 school year in Colonial Child Development Center, conducted under the supervision of Colonial Presbyterian Church. I understand that I will owe **nine** tuition payments with **September's tuition due August 1, 2024**, and the remaining months of **October** through **May** due no later than the 8th of each month. I understand that because of ongoing center expenses, refunds or adjustments of tuition due to absences and/or inclement weather will not be made. I also understand that if I choose to withdraw my child from the school, refunds of tuition already paid will not be made. I further understand that there is no reduction in the monthly tuition amount for days the school is closed due to breaks, holidays and conferences.

_____, I understand that, *due to school policy and state licensing regulations of Kansas*, my child may **not** attend school until all forms have been completed and turned in to the office. These forms include: 2024 – 2025 Enrollment Application Form, 2024 – 2025 Parent Consent and Authorization Form, the Authorization for Emergency Medical Care Form, and a signed Medical History, including Immunization Records.

_____, I understand I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. In the event I cannot be reached, I give authorization to the attending physician and any hospital to which my child is taken, to administer any emergency or other treatment said physician recommends. If time permits, the attending physician will be requested to contact the family physician, listed on our Enrollment Form, for consultation regarding treatment of my child.

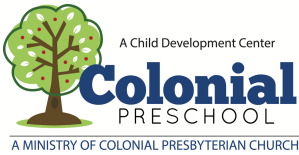
_____, I understand that neither Colonial Presbyterian Church nor Colonial CDC Preschool have qualified medical personnel on their staff. I do not expect anyone to provide medical evaluation or treatment for a medical condition of my child, other than following necessary dietary guidelines. Therefore, I hereby waive and release all personnel of the Church and Preschool listed above from liability for any cause or claim relating to any pre-existing medical condition and/or treatment of my child.

_____, I understand that Colonial Preschool and CDC:

- as a licensed facility in the state of Kansas, fully complies with and has annual inspections regarding safety, fire, health and sanitation.
- complies with K.S.A. 44-1009: Each admission policy shall be non-discriminatory in regard to race, color, religion, national origin, ancestry, or sex.

I give the following consent:	YES	NO
I give consent for our names, address, phone number and email to be distributed to parents in my child's class on a class roster.		
I give consent for my child to receive screenings authorized and/or administered by Colonial CDC.		
I give consent for my child to use all of the play equipment and participate in all of the activities connected with the program.		
I give consent for my child to receive the following first aid: for contusion, an ice pack will be applied; for cut or abrasion, soap and water or a mild antiseptic, and band-aid will be applied.		
I give consent for my child to be photographed for classroom purposes.		
I give consent for my child's photograph to be uploaded to an invitation-only classroom website such as SeeSaw.		
I give consent for my child's photograph to be uploaded to the school's social media page, such as Facebook or Instagram.		
I give consent for my child's photograph to be used for the purpose of publications and/or on the church's internet website.		
I give consent for my child to be served (Sam's Club or Wal-Mart) skim or 1% milk with their lunch.		

Signature of Parent or Guardian _____ Date _____



<p>For Office Use</p> <p>Lottery # _____ A B C</p> <p>Date Accepted: _____</p> <p>\$125 Enroll Fee : _____</p> <p>Sibling in Program _____</p> <p>Placement _____</p>
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Child's Name: _____

Child's Preferred Name (if different): _____

Child's Birth Date: _____

***If child is currently in program, classroom/day:** _____

Primary Parent Email: _____

LOWER DIVISION – All Classes are from 9am-2pm

*All classes run from 9am-2pm. Prices listed are monthly tuition payments. Three- or Four-day slots are limited and filled if possible. Please indicate in sequential order any day(s) you would be willing to accept. Any day not marked will **not** be considered for your placement. Additional day options may entail different teachers on the additional day(s).*

Busy Bees & Lively Ladybugs (Born between June 1, 2022 and May 31, 2023)

2 days each week per month \$290 ___ Monday/Wednesday ___ Tuesday/Thursday

Additional Day(s) Request: ___ 3 Days \$460 ___ 4 Days \$575 **Additional Day Preference:** ___ M ___ T ___ W ___ Th

Bright Butterflies & Friendly Frogs (Born between August 1, 2021 and May 31, 2021)

2 days each week per month \$290 ___ Monday/Wednesday ___ Tuesday/Thursday

Additional Day(s) Request: ___ 3 Days \$460 ___ 4 Days \$575 **Additional Day Preference:** ___ M ___ T ___ W ___ Th

UPPER DIVISION – All Classes are from 9am-2pm and all prices listed are monthly tuition.

Please indicate your preferences in sequential order. Any choice not marked will not be considered for placement.

<p>Preschool 3's (Must be three by August 31st and reliably potty trained)</p> <p>___ 2 Days - \$270 month ___ MW ___ TTh</p> <p>___ 3 Days - \$405 month ___ MTTh ___ TWTh *TTh class with Jr. Explorers</p> <p>___ 4 Days - \$530 month ___ MTWTh</p>	Requests/Notes:
<p>PreKindergarten - PreK 4's (Must be four by August 31st)</p> <p>___ 2 Days - \$270 month ___ MW ___ TTh</p> <p>___ 3 Days - \$405 month ___ MTTh ___ TWTh *TTh class with Explorers</p> <p>___ 4 Days - \$530 month ___ MTWTh</p>	
<p>Transitional Kindergarten – TK 5's (Must be five by August 31st)</p> <p>___ 3 Days - \$405 month ___ TWTh</p> <p>___ 4 Days - \$530 month ___ MTWTh * TWTh class with Monday Explorers</p>	

I understand that I must pay a **non-refundable \$125 enrollment fee** at the time I submit this application form. I understand that **tuition for September is due on August 1** in order to retain my child's classroom assignment. I understand that the following forms must be turned into the Preschool office no later than *August 15, 2024*:

* 2024 – 2025 Application/Enrollment Form

* Medical Record Form — (Must include doctor's signature & updated copy of the child's immunization record)

Admission policy shall be non-discriminatory in regard to race, color, religion, national origin, ancestry, physical handicap or sex.

Parent Signature _____ Date _____