



2024 – 2025 Enrollment/Application Form

For office use

South KC Campus

_____ 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: _____
Cell Phone/Carrier: _____
Consent to receive text: yes no
Work/Other Phone: _____
Work Address: _____
Occupation/Schedule: _____

Secondary Parent/Guardian Information:

Name: _____
Relationship: _____
Address: _____
Email: _____
Cell Phone/Carrier: _____
Consent to receive text: yes no
Work/Other Phone: _____
Work Address: _____
Occupation/Schedule: _____

Emergency Contacts (Other than Parent or Doctor):

Name: _____
Relationship: _____
Address: _____
Cell Phone: _____
Work/Other Phone: _____

Emergency Contacts (Other than Parent or Doctor):

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 significant problems at birth (including prematurity): _____
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: _____
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 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? _____

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



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

_____ I understand, *due to school policy and state licensing regulations of Missouri*, 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, Parent Consent and Authorization Form, a signed Medical Examination Report from the physician's office, a copy of my child's current Immunization Records, and Religious Facility Notice.

_____ 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 Enrollment Application Form, for consultation regarding treatment of my child.

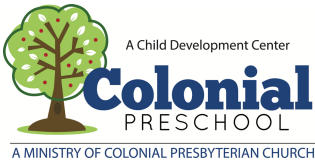
_____ I understand neither Colonial Presbyterian Church nor Colonial Preschool have qualified medical personnel on their staff. I do not expect anyone to provide medical evaluation or treatment for a medical condition of my child, other than following necessary dietary guidelines. Therefore, I hereby 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:

- as a licensed exempt facility in the state of Missouri, fully complies with and has annual inspections regarding safety, fire, health, and sanitation.
- complies with MCSR 30-60.010-120: admission policy shall be non-discriminatory in regard to race, color, religion, national origin, ancestry or sex.
- may have children attending that have an immunization exemption on file. I may request notice whether there are children currently enrolled for whom an immunization exemption has been filed.
- may cancel classes with less than ten children. (You will be notified immediately.)

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 (vision and hearing, but not limited to) authorized and/or administered by Colonial Preschool.		
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's photograph to be uploaded to the school's social media page, such as Facebook or Instagram.		
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 used for the purpose of school/church related publications, the scholarship fundraiser video, and/or on the Preschool's website. <i>Names will never be included with these photographs.</i>		

Signature of Parent or Guardian _____ **Date** _____



**2024-2025 Enrollment/Registration
South KC Campus-fee schedule**

For Office Use			
# _____	A	B	C
Date Accepted: _____			
\$125 Enroll Fee : _____			
Sibling in Program _____			
Placement _____			

Child's Name: _____

Child's Birth Date: _____

Parent Email: _____

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

2 Year Olds Classes are 2 days per week and meet Monday/Wednesday or Tuesday/Thursday 9am-2pm. Amounts listed are monthly tuition rates. **Please indicate your first and second choice or mark both for all 4 days.**

Friendly Frogs (2 years old by Aug. 31)

2 days a week per month \$290 ___ Monday and Wednesday

2 days a week per month \$290 ___ Tuesday and Thursday

3-5 Year Olds All classes run Monday through Thursday 9am-2pm. Amounts listed are monthly tuition rates. **Please indicate your first and second choice.**

Preschool (3 years old and reliably potty trained by Aug. 31)

___ 2 days: Monday & Wednesday \$270

___ 2 days: Tuesday & Thursday \$270

Pre-Kindergarten (4 years old by Aug. 31)

___ 2 days: Monday & Wednesday \$270

___ 2 days: Tuesday & Thursday \$270

___ 3 days: Monday, Tuesday & Wednesday \$405 *TTh Class with M Explorers

Transitional Kindergarten (5 years old by Aug. 31)

___ Tuesday, Wednesday & Thursday \$405

___ Monday, Tuesday, Wednesday, Thursday \$530 *TWTh TK with Monday Explorers

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 the **following 4 forms must be fully completed and returned to Preschool before my child may attend class.**

- * 2024-2025 Application Enrollment Form
- * Religious Facility Notice
- * Medical Examination Report completed by the doctor's office.
- * Copy of child's Current Immunization Record - **If child does not have any immunizations, parent is required to provide a "Parent Immunization Exemption" card from the County Health Department or Doctor's office.** Alternative schedule requires an "Immunizations in Progress" card from the County Health Department or Doctor's office.

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

Parent Signature _____

Date _____

CLASSES MAY BE CANCELLED IF THE MINIMUM NUMBER OF STUDENTS IS NOT MET.

IF A CLASS MUST BE CANCELLED DUE TO LOW ENROLLMENT, YOU WILL IMMEDIATELY BE CONTACTED.