

Dear Preschool Families,

Please remember that in preparation of your preschoolers first day of preschool you will need to bring:

- 1. Updated Shot record
- 2. Lunch in a lunch box with your preschoolers name on it
  - 3. Completed Emergency Form
  - 4. Closed toe shoes for your preschooler.
- **5.** Please label your child's items: lunch boxes, sippy cups, jackets, bottles, diaper bags, backpacks, and any other personal items.

Lunches: Please remember that a simple nutritious lunch is sufficient. Please do not send a lot of sweets or food that needs heating. There are wonderful hot/cold containers that you can purchase that keep food hot or cold for long periods of time.

Snacks: Mid-morning snacks with low sugar and water are provided. If your child has a food allergy or has a special diet please let the child's teacher know. We would also ask that you bring non-perishable snacks for your child that we can keep in the preschool room and use during snack time.

Information boxes: In each of the preschool rooms there are "cubby" boxes with your child's name on it. This is where you will store your child's lunch and other personal items. This box will also serve as a place where other information will be acquired when you pick-up your child.

Payments: The payment area is located at the KNC welcome desk. Or you may pay from your QuickBooks invoice directly, the invoice will provide a link for your payment.

Other information: Our website cbclascruces.org/ministries/kids-n-christ. This website contains the KNC handbook, monthly calendar and other information you may need. You can also reach us

@ 575-520-6810.

We also have an Instagram account under kidsnchirst1.

We look forward to the time we have with your preschooler! KNC Staff

## **APPLICATION FOR ADMISSION**

Kids N Christ Preschool Calvary Baptist Church 575-520-6810

Date of Application:	
Date to be Enrolled:	
Date to be Enrolled:	

## **GENERAL INFORMATION:** Child's Name: Sex: M or F Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Is your child potty-trained?: Yes or No \_\_\_\_\_ Main Contact Phone#: \_\_\_\_\_ Zip: EMAIL Address: **FAMILY INFORMATION:** <u>Father's Name</u>: Occupation: Business Address: Phone #(C): Phone # (W): Mother's Name: Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_ Phone #(C): \_\_\_\_\_\_ Phone # (W): \_\_\_\_\_ Names and ages of other children: Other Person's living in the home: Which parent's home does the child reside with?: Church you attend?: Who is allowed to pick up your child?: FOR OFFICIAL USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE. School year: \_\_\_\_\_ Class: \_\_\_\_\_ School year: \_\_\_\_\_ Class: \_\_\_\_\_ School year: \_\_\_\_\_ Class: \_\_\_\_\_ School year: \_\_\_\_\_ Class: \_\_\_\_\_

## **ENROLLMENT AGREEMENT**Kids N Christ Preschool at Calvary Baptist Church

		that the charges and fees for
the Kids N Christ preschool prog	ram are as follows.	
**There is a non-refundable \$50.0 ENROLLMENT that is due when t	•	
There is a \$50.00 registration fee with your application, which is no registration fee, once the semest	on-refundable. Howev	
REG	SISTRATION FEE: \$200	0.00
	TUITION FEES:	
(3) Day	ys a Week: \$330.00 a n	nonth
(2) Da	ys a week: \$280.00 a n	nonth
(1) Da	ay a week: \$230.00 a m	onth
Payment is due @ the beginning is not received by the 15th of each child. All fees can be paid @ the QuickBooks invoice directly, the monthly fee is non-refundable shacations, or other circumstance preschoolers absence.	ch month you will be c KNC welcome area. O invoice will provide a nould your child miss a	harged a \$50.00 late fee, per r you can pay from your link for your payment. The any days due to illness,
Please pick up your child by 2:00	ATE Pick-Up CHARGE 0PM. After that time pe 5 minutes you are late	eriod you will be charged \$25.00
DAYS OF OPERATION Pleas	se circle the day(s) yo	u prefer to enroll your child.
TUESDAY	WEDNESDAY	THURSDAY
Our 2 year - Pre-K classes will or AM and close a	nly have the 2 or 3 day t 2:00 PM on each of tl	
We reserve the right, as circumstan will be con:	DISCLAIMER : nces may arise, to discha sulted before such actio	
KNC Handbook : I, (parent or guardi in the KNC handbook I received or re		
Signature:		Date:



## **Child and Parent Information:**

Child's Name:	DOB:Gender	<b>:</b>
Address:	Phn	
City & State:	Zip:	
Father's Name:	Work Place & Phn.:	
Mother's Name:	Work Place & Phn:	
If your child has any all list them here:	ergies or other medical conditions,	please
Names & Addresses of two far any of these sections blank.	NCY Contact Information:  nily friends or local relatives: (Please DO NOT this information is REQUIRED by the State of the	of NM)
	2. Name:	
	Address: City, St. Zip:	
_	Cell#:	
Name of Doctor or medical fa	cility to call in case of emergency:	
	Phn#:	
I give permission for Emerger	ncy Medical:	
Treatment [ ] Transportation	n [ ] Date:	
Signature:		