



**Enrollment/Application Form
2019-2020 School Year**

**South KC Campus
Lottery # _____**

Child's Name _____ **Sex** _____ **Birthdate** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Main contact telephone # _____ **2nd telephone contact#** _____

Email # 1. _____ **Email # 2.** _____

Mother's Name _____ **Cell Phone** _____ **Work Phone** _____

Mother's Home Address (if different) _____ **State** _____ **Zip** _____

Mother's Occupation/Work Address/Schedule _____/_____/_____

Father's Name _____ **Cell Phone** _____ **Work Phone** _____

Father's Home Address (if different) _____ **State** _____ **Zip** _____

Father's Occupation/Work Address/Schedule _____/_____/_____

Child lives with (include siblings/ages): _____

Emergency Contacts (Other than parent or doctor and must live in the area):

1. **Name** _____ **Relationship** _____

Address _____ **City** _____ **State/Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

2. **Name** _____ **Relationship** _____

Address _____ **City** _____ **State/Zip** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Person(s) authorized to take child from the school: (Child released only to those listed. Proper ID must be presented.)

1. _____ 3. _____

2. _____ 4. _____

Child's Physician's Name (required) _____ **Phone** _____

Hospital Preference (required) _____

Any significant problems at birth (including premature), current allergies, asthma or other special health issues? Yes or No

If yes, please list them and explain procedures for care (attach a written medical plan for severe concerns): _____

Possible concerns regarding speech, hearing, vision or other physical limitations? Yes or No If yes, please explain: _____

Is child on any regular medications? Yes or No Specify: _____

Any pertinent information about the family we should know such as a recent move, new sibling, separation or recent divorce, death in family, or serious illness of child or family member? Yes or No If yes, please explain: _____

School District in which you live? _____ **Where will child attend Kindergarten?** _____

- Is your family a member of Colonial Presbyterian Church? Yes or No
- Have any of your children been enrolled in our program before? Yes or No
- Did either parent attend Colonial Preschool? Yes or No
- Do you attend a local church? Yes or No If yes, where? _____



South KC Campus Lottery # _____
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Colonial Preschool – South KC Campus

2019-2020 Parent Consent and Authorization Form

I, the undersigned parent or guardian, hereby enroll my child, _____, for the 2019-2020 school year in Colonial Preschool, conducted under the supervision of Colonial Presbyterian Church. I understand I will owe **nine (9)** tuition payments with September's tuition due August 15, 2019 and the remaining months of **October** through **May** due no later than the 15th 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: 2019-2020 Enrollment/Application/Parent Consent and Authorization forms, 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, named 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 and email to be distributed to parents in my child's class.		
I give consent for my child to receive screenings 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 to walk to and participate in our outdoor classroom and preschool garden.		
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, 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 or email.		
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 _____