

# Enrollment/Application Form

## 2018-2019

Quivira Campus

Lottery #: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main contact telephone # \_\_\_\_\_ 2<sup>nd</sup> telephone contact# \_\_\_\_\_

Email # 1. \_\_\_\_\_ Email # 2. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Home Address (if different) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Home Address (if different) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Child lives with (include siblings/ages): \_\_\_\_\_

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

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Child's Physician's Name (required) \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference (required) \_\_\_\_\_

Any significant problems at birth (including premature), any current allergies, asthma or other special health issues?

Yes or No If yes, please list them and explain procedures for care (please attach a written 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

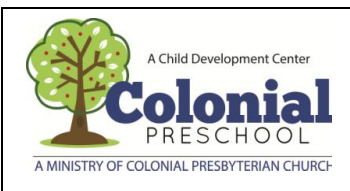
School District in which you live? \_\_\_\_\_

Where will child attend Kindergarten? \_\_\_\_\_

Is your family a member of Colonial Presbyterian Church? Yes or No If no, where do you attend? \_\_\_\_\_

Have any of your children been enrolled in our program before? Yes or No

Are either of the child's parents alumni of Colonial Preschool? Yes or No



**Colonial Child Development Center - Quivira Campus**

Lottery # \_\_\_\_\_

**2018 - 2019 Parent Consent and Authorization Form**

I, the undersigned parent or guardian, hereby enroll my child, \_\_\_\_\_, for the 2018 -2019 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, 2018**, and the remaining months of **October** through **May** due no later than the 8<sup>th</sup> 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: 2018 – 2019 Enrollment Application Form, 2018 - 2019 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, named above, 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.

<b>I give the following consent:</b>	<b>YES</b>	<b>NO</b>
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.		
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 \_\_\_\_\_

