

Welcome to Preschool!

Clover Presbyterian Preschool

2021-2022 Registration Form

General Information	
Child's First, Middle, and Last Name:	
Address:	
City/State/Zip:	
Preferred Name:	Gender: Male Female
Date of Birth:	Age on September 1, 2021:
E-mail Address:	
Home Phone: ()	Cell Phone Mother's: () Numbers: Father's: ()
Mother's Name:	Father's Name:
Mother's Place of Employment:	Father's Place of Employment:
Mother's Work Phone Number: ()	Father's Work Phone Number: ()
Names & Ages of Siblings Living in the Home:	
Emergency Contact (other than parent):	
Emergency Contact Phone Number: ()	
Church that you attend (if any):	
Child's previous preschool experience:	
What experiences do you expect your child to gain from the CPP program?	
Class Choice: <input type="checkbox"/> Two Day Toddler or Two Class (Mon, Wed) 8:30 – 12:30 pm \$195.00. <input type="checkbox"/> Three Day Two-Year-Old Class (Tue, Th, Fri) 8:30 – 12:30 pm \$225.00 <input type="checkbox"/> Two Day 3-Year-Old Class (Mon, Wed) 8:30 am – 12:30 pm \$195.00. <input type="checkbox"/> Three Day 3-Year-Old Class (Tue, Th, Fri) 8:30 am – 12:30 pm \$225.00 <input type="checkbox"/> Four Day 3-Year-Old Class (Tues-Fri) 8:30 am – 12:30 pm \$255.00 <input type="checkbox"/> Five Day 3-Year-Old Class (Mon-Fri) 8:30 am – 12:30 pm \$285.00 <input type="checkbox"/> Three Day 4-Year-Old Class (Tue, Th, Fri) 8:30 am – 12:30 pm \$225.00 <input type="checkbox"/> Four Day 4-Year-Old Class (Tue-Fri) 8:30 am – 12:30 pm \$255.00 <input type="checkbox"/> Five Day 4-Year-Old Class (Mon-Fri) 8:30 am – 12:30 pm \$285.00	

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Child's Health Record	
Food Allergies: Does your child need an epinephrine pen? If yes, please provide pen and completed Food Action Plan. Yes _____ No _____	Other Allergies:
Please circle any recurring problems your child may have: Asthma Heart Trouble Bronchitis Ear Infections Croup Strep Throat Other:	Please circle any illnesses your child has had: Chicken Pox Measles Scarlet Fever Mumps Red Measles Rheumatic Fever
When your child was potty trained?	Does your child have any fears?
Does your child have any other problems or medical situations we need to be aware of?	What do you do at home to comfort your child?
Does your child currently attend any therapies (speech, occupational, etc.)? Please specify.	
Name & Phone Number of Child's Doctor:	
I have attached a copy of my child's immunization record: <input type="checkbox"/> Yes , current record is attached or <input type="checkbox"/> No , one will be provided before the beginning of school year. Immunization record must be received by August 1, 2021.	
I agree to pay the non-refundable registration fee of \$125.00 (\$75.00 for each additional sibling). This reserves my child a place in the appropriate age class for the 2021/2022 school year. If I wish to forfeit my place, I will contact the Preschool as soon as possible. Clover Presbyterian Preschool reserves the right to adjust a class due to enrollment numbers.	
I agree to pay the non-refundable first payment by July 1, 2021 . Payment #2 – 10 will be due by the 25 th of each month for the upcoming month. (August 25 due date for month #2; August – April)	
Parent/Guardian Signature:	Date:

For office use only:

Registration in the amount of \$ _____ was paid on _____.
 Payment # 1 in the amount of \$ _____ was paid on _____.