



## Clover Presbyterian Preschool 2023-2024 Registration Form

### General Information

Child's Name:	
Address:	
City/State/Zip:	
Preferred Name:	Gender: <span style="margin-left: 100px;">Male</span> <span style="margin-left: 100px;">Female</span>
Date of Birth:	Age on September 1, 2023:
Parent/Guardian's Name:	Parent/Guardian's Name:
Parent/Guardian's Email Address:	Parent/Guardian's Email Address:
Parent/Guardian's Place of Employment:	Parent/Guardian's Place of Employment:
Parent/Guardian Contact Numbers: Home: Cell: Work:	Parent/Guardian Contact Numbers: Home: Cell: Work:
Names & Ages of Siblings Living in the Home:	
Child's previous preschool experience:	
What experiences do you expect your child to gain from the CPP program?	
Class Choice:  <input type="checkbox"/> <b>Two Day Toddler Class</b> (Mon, Wed) 8:30 – 12:30 pm <b>\$235.00 *</b> <input type="checkbox"/> <b>Two Day Two Class</b> (Mon, Wed) 8:30 – 12:30 pm <b>\$235.00 *</b> <small>* 2 Day Toddlers and Twos may be combined; will depend on enrollment.</small> <input type="checkbox"/> <b>Three Day Two-Year-Old Class</b> (Tue, Th, Fri) 8:30 – 12:30 pm <b>\$265.00</b> <input type="checkbox"/> <b>Two Day 3-Year-Old Class</b> (Mon, Wed) 8:30 am – 12:30 pm <b>\$235.00.</b> <input type="checkbox"/> <b>Three Day 3-Year-Old Class</b> (Tue, Th, Fri) 8:30 am – 12:30 pm <b>\$265.00</b> <input type="checkbox"/> <b>Four Day 3-Year-Old Class</b> (Tues-Fri) 8:30 am – 12:30 pm <b>\$325.00</b> <input type="checkbox"/> <b>Five Day 3-Year-Old Class</b> (Mon-Fri) 8:30 am – 12:30 pm <b>\$350.00</b> <input type="checkbox"/> <b>Three Day 4-Year-Old Class</b> (Tue, Th, Fri) 8:30 am – 12:30 pm <b>\$265.00</b> <input type="checkbox"/> <b>Four Day 4-Year-Old Class</b> (Tue-Fri) 8:30 am – 12:30 pm <b>\$325.00</b> <input type="checkbox"/> <b>Five Day 4-Year-Old Class</b> (Mon-Fri) 8:30 am – 12:30 pm <b>\$350.00</b>	



**Clover Presbyterian Preschool                      2023-2024 Registration; page 2**

**Child's Information**

<p>Food Allergies:</p> <p>Does your child need an epinephrine pen? If yes, please provide pen and completed Food Action Plan. Yes _____ No _____</p>	<p>Other Allergies:</p>
<p>Please circle any recurring problems your child may have:</p> <p><b>Asthma</b>      <b>Heart Trouble</b>  <b>Bronchitis</b>   <b>Ear Infections</b>  <b>Croup</b>        <b>Strep Throat</b>  <b>Other:</b></p>	<p>Please circle any illnesses your child has had:</p> <p><b>Chicken Pox</b>      <b>Mumps</b>  <b>Scarlet Fever</b>  <b>Red Measles</b>  <b>Rheumatic Fever</b>  <b>German Measles</b></p>
<p>When your child was completely potty trained?</p>	<p>Does your child have any fears?</p>
<p>Does your child have any other problems or medical situations we need to be aware of?</p>	<p>What do you do at home to comfort your child?</p>
<p>Do you have any concerns about your child's development?</p>	
<p>Does your child currently attend any therapies (speech, occupational, etc.)? Please specify.</p>	
<p>Name &amp; Phone Number of Child's Doctor:</p>	
<p>Hospital Preference &amp; Phone:</p>	
<p>Name &amp; Phone Number of Child's Dentist.</p>	
<p>I have attached a copy of my child's immunization record:          ____ <b>Yes</b>, current record is attached <b>OR</b>          ____ <b>No</b>, one will be provided before August 1, 2023.</p>	
<p>Are you also registering for a program with the Clover School District and is this your preferred program? (This information will assist CPP in class and wait list planning for upcoming school year)</p>	
<p><b>Parent/Guardian Signature:</b></p>	<p><b>Date:</b></p>



**Authorization for Medical Information**

I hereby grant permission for any staff person of Clover Presbyterian Preschool to take whatever steps necessary to obtain emergency medical treatment for my child. These steps include but are not limited to the following:

- \* Attempt to contact a parent or guardian
- \* Attempt to contact the parent through the emergency contacts listed below
- \* Attempt to contact child's physician
- \* If we cannot contact you, we will call an ambulance or have the child taken to the emergency room in the company of a staff person in his/her personal vehicle.

**I understand that I am responsible for any resultant medical treatment expenses.**

**Emergency Contact Information When Parents Can Not Be Reached**

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_
2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_
3. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Is your child covered by personal/family medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of your insurer: \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

**Parent/Guardian**

**Signature:**

**Date:**

**Authorization for Release**

If my child is to be picked up by anyone other than myself or spouse, I will notify the teacher in writing or in case of emergency will call the preschool. I understand that anyone listed below may pick up my child provided the preschool has been notified by the parent. **These individuals must provide a picture ID.**

1. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_
2. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_
3. Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

**Parent/Guardian**

**Signature:**

**Date:**

**Email Address/Cell Phone Release**

By signing below, I grant permission to Clover Presbyterian Preschool staff members to distribute my email address or cell phone number to parents if asked.

**Parent/Guardian**

**Signature:**

**Date:**



**Clover Presbyterian Preschool**

**2023-2024 Registration; page 4**

**Photo & Video Release**

We love to take pictures at Clover Presbyterian Preschool. We use them to create bulletin boards, individual end of the year memory books, class projects, CPC website, and to show the kids having fun, playing, and learning. We would like your permission to photograph/videotape your child for use in these projects. Photos will remain the property of CPP unless otherwise noted.

I give \_\_\_\_/do not give \_\_\_\_ my permission for photos to be taken for use in my child's memory book, class or individual projects, and preschool displays within the church.

I give \_\_\_\_/do not give \_\_\_\_ my permission for photos to be added to the private CPP FB Group. (Pictures of children's faces are never added to our public FB page.)

I give \_\_\_\_/do not give \_\_\_\_ my permission for photos to be added to the preschool website.

I give \_\_\_\_/do not give \_\_\_\_ my permission for any photo/video to be taken by preschool staff and included in marketing materials such as website, advertisements, etc. for the discretionary use for Clover Presbyterian Preschool.

**Parent/Guardian**

**Signature:**

**Date:**

**Field Trip Release**

**(Three- and Four-Year-Old Classroom Only)**

By signing below, I grant permission for my child, \_\_\_\_\_, to participate on any field trips which are scheduled by the Preschool. I understand that I will be notified in writing in advance of these trips. Field trip transportation will be provided by parents and in rare situation, the teachers.

**Parent/Guardian**

**Signature:**

**Date:**

**Payment Policy**

By signing below, acknowledge that the registration fee is **NON-REFUNDABLE**. The registration fee is \$140.00 for the first child and \$100.00 for each additional sibling. This reserves my child a place in the appropriate age class for the 2023/2024 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.

By signing below, I acknowledge that the **NON-REFUNDABLE first payment is due by June 15, 2023**. Payment #2 – 10 will be due by the 15<sup>th</sup> of each month for the upcoming month. (August 15 due date for month #2 and so forth; the last payment is due April 15, 2024. Payments received after the 25<sup>th</sup> of each month will be subject to \$25.00 late payment fee.

By signing below, I acknowledge that use of credit care or debit card will be subject to \$5.00 convenience fee.

**Parent/Guardian**

**Signature:**

**Date:**

**For office use only:**

Registration Fee Amount \$ \_\_\_\_\_ was paid on \_\_\_\_\_ 2023. Received by \_\_\_\_\_.

Payment #1 Amount \$ \_\_\_\_\_ was paid on \_\_\_\_\_ 2023. Received by \_\_\_\_\_.