

"THEY ARE PRECIOUS IN HIS SIGHT"

City KIDS

Academy Preschool

STUDENT APPLICATION



Student's name: _____

Today's date: _____ / _____ / _____ School year: 200 ____ - 200 ____

K-2 K-3 K-4

Name student goes by: _____ Date of birth: _____ / _____ / _____

Age: _____ Sex: male female Social security #: _____ - _____ - _____

Parents' marital status: married divorced widowed single separated

FATHER

Name: _____

Address: _____

City: _____ State ____ Zip _____

Occupation: _____

Home #: _____

Work #: _____

Cell #: _____

MOTHER

Name: _____

Address: _____

City: _____ State ____ Zip _____

Occupation _____

Home #: _____

Work #: _____

Cell #: _____

Pick Up List and Procedures:

The following criteria is used to assure each child is picked up or removed from the preschool by authorized person only:

1. No child will be released to any person whose name does not appear on the Authorization Pick Up List.
2. Before any person can remove a child, proper I.D. such as a current driver's license, etc. must be shown.
3. If there is ever any question as to the identification of any person attempting to remove a child from school grounds, the legal parent or guardian will be notified immediately.

List below, beginning with first to last, the persons who have permission to pick up your child from school:

1. Name: _____ Relationship to child: _____ Driver's License # _____
Home #: _____ Work #: _____ Cell #: _____

2. Name: _____ Relationship to child: _____ Driver's License # _____
Home #: _____ Work #: _____ Cell #: _____

3. Name: _____ Relationship to child: _____
Home #: _____ Work #: _____ Cell #: _____

4. Name: _____ Relationship to child: _____ Driver's License # _____
Home #: _____ Work #: _____ Cell #: _____

Financial:

Payment is always due in advance. Tuition is due on Monday for the upcoming week. **If payment is not received by Wednesday 10:00 of the current week, there will be a \$15 late fee added to your account.**

I understand that if I receive 4C funds that the balance between what 4C pays and what the actual cost is, is my responsibility. I also understand that if I receive 4C funds, non-payment of my tuition fees will be reported to the appropriate 4C office which may affect my right to receive 4C.

We accept cash, checks, major credit cards or we can set you up with automatic debit of your account. Tuition and all fees must be current for a student to attend the first day of class.

Quick overview of fees:

Registration fee (non-refundable)	\$100 – this includes curriculum and is due with your application
Tuition FT	\$135

Absence due to illness and vacation. If your child is absent due to illness or vacation, we will adjust your account for up to 10 days per school year, August through July 31. Your child must have been enrolled for at least three months before you are eligible to use these days.

Emergency/Medical Information:

Emergency numbers if parents cannot be reached:

Name	Relationship to child	Best contact #
_____	_____	_____
_____	_____	_____

Physicians name: _____ City: _____ Phone #: _____

Insurance company: _____ Phone #: _____

Please list any allergies your child has (food, bee stings, ant bites, etc.): _____

Does your child have medication for these allergies? (please list what, how it is given, when to give it, etc.) :

Please list any prescribed medication your child takes regularly: _____

Medication will be administered under the following conditions: 1. Completion of an authorization form and signed consent of parent/guardian. 2. Documentation of medication administered. 3. Medication is in the ORIGINAL container. 4. All medication must be delivered by the parents to the school office – medication should NEVER be in the possession of the child prescription or over the counter).

In case of emergency, I authorize City KIDS Academy Preschool to present _____
(child's name)

to a medical treatment center and do consent to an x-ray, exam, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do hereby consent to the same like treatment for dental diagnosis or treatment by a dentist licensed to practice in any state in the United States.

Parent/guardian signature: _____ Date: _____

Signed before me this ____ day of _____ 20____ ID produced: _____

Notary signature

Stamp/Seal

Additional Information:

Is your child potty trained? _____ If not, have you begun the process? _____ All students must be potty trained (or in the process) to be enrolled. No 2-year-old child will be moved to the 3-year-old class until completely potty trained.

Does your child nap? _____ Does he/she have a special blanket, stuffed animal, etc. they will need during nap time? _____

If yes, please list: _____

Does your child have any physical conditions that would keep him/her from participating in all the preschool activities? _____

If yes, please explain: _____

Photo Release:

Throughout the school year your child will be involved in a variety of activities that their teacher will be taking photos of. Those photos may be displayed in the classroom and throughout the school building. Please read the following statement and sign your name to the option you choose.

I give permission for my child's photograph or video image to be taken while he/she is in the care of preschool personnel. Such images may be posted in classrooms or other appropriate places within the center, used in center presentations or promotional material. I understand that I may terminate permission at any time in the future.

I DO give my permission: _____ I DO NOT give my permission: _____
(parent/guardian signature) (parent/guardian signature)

Lunches:

City KIDS does provide a nutritionally balanced hot lunch and two snacks per day. We order pizza for lunch on Friday at a minimal cost of \$1 collected for each student by Thursday.

Documents Needed:

The following is a list of documents that we MUST have before your child can start school.

- Original of current physical (HRS Form # 3040)
- Original of current immunization records (HRS Form #680)
- Copy of birth certificate
- Copy of parent or guardian's driver's license or passport
- Completed application (along with registration fee)

Additional Comments:

Please give us any additional information about your child that will help us in providing excellent care for them:

