

Enrollment Checklist



Tuition and Payment Policies

Terms & Conditions

Enrollment Application

Authorization and Consent

Additional Information

Tuition and Payment Policies



	Option #1 Weekly	Option #2 Bi-Weekly	Option #3 Annually	Supply Fee (Books)	Art Supplies (Annually)
VPK 5 Year Olds	\$75	\$150	\$2,925	\$135	\$5
VPK 4 Year Olds	\$75	\$150	\$2,925	\$125	\$5
2 & 3 Year Olds	\$140	\$280	\$5,460	\$100	\$5

Other Fees	
Registration	\$75/family
Returned Check	\$30
Resubmitting a Check	\$15
Late Pickup	\$1/min
Late Payment	\$5/day

School Year: August to June

School Operation Hours: 7:00am until 6:00 pm

Meals: Healthy, nutritious meals are provided daily and are included in the cost of tuition. Meals include: Breakfast, lunch, and two snacks; morning and afternoon.

SINCE OUR TUITION IS BASED ON THE ENTIRE SCHOOL YEAR, THERE ARE NO DEDUCTIONS FOR ABSENCES.

ALL ACCOUNTS MUST BE KEPT CURRENT TO GUARANTEE YOUR CHILD'S ENROLLEMENT.

Non-payment of tuition for 3 weeks will result in a Notice of Non-Admission to School.



I HAVE READ AND UNDERSTOOD THE ABOVE SCHOOL TUITION POLICIES AND I AGREE TO ADHERE TO THEM.

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Terms & Conditions



1. I agree to pay a registration fee, as stated below, at the time of enrollment.
2. I understand that Christ the King Preschool and its personnel are not responsible for personal injury or loss of property.
3. Christ the King Preschool reserves the right to terminate a child after all resources have been exhausted to promote good behavior. Christ the King Preschool may disenroll a child from the school without prior notice, if in the opinion of the administration that it is in the best interest of the child and the center to disenroll this child.
4. I agree to pay each week, on the first day my child attends, a weekly tuition fee as stated below.
5. I agree there will be no deductions due for sickness absence or holidays.
6. I agree to pay the full weekly tuition fee even if my child is absent for one or more days during the calendar week.
7. In case of withdrawal of my child from the school, I agree to give the center written notice of two weeks.
8. Legal authorities may be contacted for children left at the center more than hour after closing time.
9. Christ the King Preschool its owners, directors, employees or associated companies are NOT responsible for reimbursement of any medical expenses incurred as a result of accidental incidents to a child or incidents between children resulting in injuries that occur to a child or children during attendance at Christ the King Preschool, whether or not under the supervision of any Christ the King Preschool employee.
10. The terms of this agreement are subject to change in whole or in part by Christ the King Preschool without notice.
11. I agree to pay a late pick up fee of \$1 (dollar) a minute per child if my child is still present in the building after its closing time.
12. I hereby consent and as authorize Christ the King Preschool to use and reproduce photograph taken of my child for publicity, advertising and marketing purposes of every description. Please initial this box if you do not consent to this release

Please sign below to verify that you have read the above information. We also request permission to photograph your child/children for use in our classrooms, newsletters, and school.

Signature: _____

Date: _____

Parent/Guardian: _____

Name of Child: _____ DOB: __/__/__

Phone: _____ Start Date: __/__/__

Please be specific and adhere to start date, we cannot guarantee places if you change your date.

Signature: _____

FEE SCHEDULE

Please return with enrollment application

1. Registration \$ _____single/family
2. Weekly Tuition \$_____
3. Our hours are from 7:00am to 6:00pm
4. Late pickup fee of \$1 per child will be charged for every minute
5. Returned check fee \$30 maximum allowed by state law

FOR OFFICE USE ONLY

Date Registration Paid: _____

Amount: \$ _____

Paid by: Credit Card Check Cash

Initials: _____

Certification: I certify that I have received, read, and understand the information contained in this brochure, the enrollment form and in this enrollment agreement and agree to the terms and conditions set forth therein including the terms and conditions and fee schedule set forth above.

Enrollment Application



Child Information

Full Name: _____ Nickname: _____ Gender: M F

DOB: _____ SS#: ____ - ____ - _____

Address: _____

Parent or Guardian: _____

Family Information

Child Lives with _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____ Cell: _____

Work Phone: _____ Cell: _____

Work Hours: From _____ to _____

Work Hours: From _____ to _____

Custody: Mother ___ Father ___ Both ___ Other

Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

IT IS THE PARENT'S RESPONSIBILITY TO INFORM THE SCHOOL OF ANY CHANGE OF INFORMATION.

Name: _____ Address: _____ Work # _____ Home # _____

Name: _____ Address: _____ Work # _____ Home # _____

Name: _____ Address: _____ Work # _____ Home # _____

Name: _____ Address: _____ Work # _____ Home # _____

Signature: _____

Date: _____

Authorization & Consent



Emergency Contact & Medical Information

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Company: _____ Policy: _____

Regular Medications: _____

Blood Type: _____

Medicine Allergic to: _____

Food Allergies: _____

Any other allergies: _____

Any special health conditions: _____

Does your child have any problems with any of these?

- | | | | |
|----------------|----------------|----------------|------------------|
| Constipation | Convulsions | Diarrhea | Fainting Spells |
| Frequent Colds | Ear Infections | Lice | Ringworm |
| Skin Rash | Soiling | Upset Stomach | Urinary Problems |
| Worms | Asthma | Bronchitis | Chicken Pox |
| Diabetes | Heart Disease | Hepatitis | Impetigo |
| Measles | Mumps | German Measles | Polio |
| Scarlet Fever | Tuberculosis | Whooping Cough | |

Last Vision Test Date: _____ Last Hearing Test Date: _____ Last Dentist Visit: _____

I hereby give permission that my child, _____ may be given emergency treatment by a staff member at Christ the King Catholic Preschool. I also give permission for my child to be transported by ambulance, or aid car to an emergency center for treatment, and agree to hold Christ the King Catholic Preschool and its employees harmless.

Signature: _____ **Date:** _____

Consent to Medical Care and Treatment

In the event that cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Christ the King Catholic Preschool and its employees harmless.

Signature: _____ **Date:** _____

Additional Information



The following information is essential for us to better understand your child. Please describe your child below. Share any comments or specific concerns. _____

What are your child's strengths? _____

In what way does your child learn best? _____

What opportunities has your child had to play with other children the same age? _____

How does your child play with others? _____

How does your child behave in new settings and/or with new adults? _____

How would you describe your child's personality? _____

Section 65C-22/006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."

Section 65C-22.006(3)(c)2., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature: _____ **Date:** _____

I, _____, Hereby give consent for my child _____, to attend Mass and participate in religious activities on occasion during the school year while in attendance at Christ the King Catholic Preschool.

Signature: _____ **Date:** _____

The Staff at Christ the King Preschool uses no form of physical punishment for discipline. Our disciplinary practices are as follows:

1. The Time Out Method
2. A visit to the Director's office
3. Note to parents notifying them of problems and requesting conference.
4. If the above measures does not change behavior, suspension or expulsion.