



Cross of Christ Preschool

Dear Parent,

Thank you for your interest in Cross of Christ Preschool. We hope the enclosed information will aid you in choosing a preschool program for your child.

In this packet you will find a registration form, a medical form, a financial agreement, opt-out forms for photos and directories, and the Cross of Christ Preschool handbook. The fee schedule is found in the back of the handbook. Class dates and times are subject to change based on enrollment.

Below is a checklist of our registration requirements. **All forms and registration fees must be included to register your child.**

Registration Requirements

- Your child must be three (3) years old for the 3 year old class – OR – four (4) years old for the 4 year old class before September 1st of the enrolling year.
- As a parent, have you verified: “Is Your Child Ready for Preschool” as described in the handbook?
- I have read, understand and agree to the policies outlined in the handbook.

X _____

Parent Signature (Please return this form with registration packet)

- Registration form
- Medical form
- Financial agreement
- Photograph Opt-out form
- Directory Opt-out form
- Copy of immunization records
- Annual registration fee of \$80.00 (check made payable to Cross of Christ Preschool)

Your application will be processed and you will be notified in a timely manner.

In Christ,

Cross of Christ Preschool Board

11655 W. McMillan Rd. Boise, ID 83713 375-3992

Rev. 1/2017

Transportation

Your child will be allowed to leave ONLY with a parent/guardian or those listed below:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Are there custodial issues of which we should be aware? _____

Student's Daytime Caregiver's Name _____ Phone _____

Miscellaneous

How did you first hear about Cross of Christ Preschool? Please mark all that apply:

- Family or Friend Referral (Name: _____)
- Church sign
- Website
- Google
- Other: _____

Current Church Affiliation:

Name of Church _____

Name of Pastor _____

- Member
- Attend Regularly
- Attend Occasionally
- Not a Member of a Church

I have read and understood the Cross of Christ Preschool Handbook and agree to all policies outlined therein.

Father's Signature

Mother's Signature

Date

Date

Cross of Christ Preschool

Financial Agreement

2017-2018

<u>3 Year Old Class</u>	
Tuesday/Thursday 9:00 - 11:30 am	
Registration Fee	\$ 80
Monthly Tuition (September-May)	\$ 107
Full Payment (Paid before September 1)	\$ 915
Full Payment (Paid after September 1)	\$ 963

<u>4/5 Year Old Class</u>	
Monday/Wednesday/Friday 9:00 - 11:30 am	
<u>3/4/5 Year Old Combo Class</u>	
Monday/Wednesday/Friday 12:30 - 3:00 pm	
Registration Fee	\$ 80
Monthly Tuition (Sept.-May)	\$ 152
Full Payment (Paid before Sept. 1)	\$ 1,300
Full Payment (Paid after Sept. 1)	\$ 1,368

<u>3/4/5 Year Old Combo Class</u>	
Tuesday/Thursday 12:30 - 3:00 pm	
Registration Fee	\$ 80
Monthly Tuition (Sept.-May)	\$ 107
Full Payment (Paid before Sept. 1)	\$ 915
Full Payment (Paid after Sept. 1)	\$ 963

Name of Person financially responsible for student _____

Address (if other than student) _____
Street City State Zip Phone

Payment Plan Desired: _____ Full payment
_____ Monthly payments (1st & last months due September 1st)

Name of Person making monthly or full payment: _____

Cross of Christ Preschool does not wish to turn away any student due to tuition problems. Parents are encouraged to communicate in writing if difficulties arise with this financial agreement. All inquiries will be considered during regularly scheduled Preschool Board meetings.

All tuition policies outlined on this page are stated in the Cross of Christ Preschool handbook.

We have read the stated tuition policies and agree to them.

Student's Name

Date

Responsible Party/Parent Signature

Responsible Party/Parent Signature

Cross of Christ Preschool Medical Form

2017-2018

Child's Name _____ Phone _____

Does your child have any of the following conditions:

❖ Allergies? **Y N**

_____ Food Please list: _____

_____ Medication Please list: _____

_____ Insect Sting Please list: _____

_____ Animals Please list: _____

❖ Dietary Restrictions? **Y N** Please list: _____

❖ Asthma? **Y N** Please list allergens: _____

❖ Prescribed Medication (such as an EpiPen or rescue inhaler) to treat conditions listed above? **Y N**

If so, you are required to provide the Preschool with a written protocol created by your child's doctor describing appropriate treatment for conditions listed above.

Physician _____ Phone _____

Dentist _____ Phone _____

In the event of an emergency, who can we notify other than the parents?

Are they on your transportation list? Y N

Name _____ Phone _____

Name _____ Phone _____

Is there any additional medical or physical information you would like to disclose about your child?

I certify this information is correct to the best of my knowledge.

In the event of an emergency, Cross of Christ Preschool has my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I also agree to pay all expenses incurred due to an emergency involving my child.

Father/Guardian

Date

Mother/Guardian

Date

Photo Opt-out Form

During the 2017/2018 school year, pictures of your student may be taken by Cross of Christ Preschool staff while in the classroom or on field trips. These images are precious and would be an excellent addition to our future advertising efforts.

Your signature below indicates permission for your child's picture to be used in the future promotion of the preschool on our school website and other electronic media, bulk mailings and/or on the bulletin board in the lobby of Cross of Christ. Please note that no personal identifying information will be attached to any images.

If you have any questions, please don't hesitate to contact us.

Thank you,

Cross of Christ Preschool Board

Please initial one of the following:

_____ I give my authorization for Cross of Christ Preschool to use photographs of my child in future multi-media promotions or displays on the premises of Cross of Christ Lutheran Church.

_____ I **DO NOT** give my authorization for Cross of Christ Preschool to use photographs of my child in future multi-media promotions or displays on the premises of Cross of Christ Lutheran Church.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Child's Name: _____

Date: ____ / ____ / 2017

Directory Opt-out Form

Every year, Cross of Christ preschool creates a class specific directory that is distributed only to the parents/guardians of children currently enrolled at Cross of Christ.

The directory is intended to help parents connect with one another outside of preschool, and aid in scheduling play dates or arranging a carpool. We kindly ask that you do not gather information from the directory for business purposes.

Please feel free to share as much or as little information as you would like.

_____ No thank you, I do not wish to be included in the directory.

_____ Please include the following information in the preschool directory:

Child's Name _____

Parent Name(s) _____

Address _____

Phone Number (s) _____

Email _____

Immunization Records

****Please attach a copy of your child's immunization records to this page****

If you do not have access to a copier, we are more than happy to help. Please bring your completed registration paperwork along with your child's immunization records to the church. A member of our staff will make a copy for you.

Thank you!

To attend a licensed childcare facility in Idaho, a child must receive the required immunizations outlined below no later than the age-deadline specified

