

**FOR OFFICE USE ONLY:**

Date of Enrollment: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Class level: Toddlers/ 2s / 3s / 4s  
Days attending: \_\_\_\_\_ Classroom: \_\_\_\_\_  
Health and Admission Form:  \_\_\_\_\_  
Immunization records:  \_\_\_\_\_

**Enrollment Form**

Name of Child: \_\_\_\_\_ Male / Female (please circle)  
Child's Birthdate (MM/DD/YY) \_\_\_\_\_ Age on Sept. 1, 2019 \_\_\_\_ years \_\_\_\_ months  
Address/City/State/Zip \_\_\_\_\_

Days of enrollment:  2 day Mon/Wed or Tues/Thurs \$230  
 3 day Tues/Wed/Thurs \$320  
 4 day Mon/Tues/Wed/Thurs \$410

Mother's name: \_\_\_\_\_ Email \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_  
Mother's cell: \_\_\_\_\_ work: \_\_\_\_\_  
Address if different than student's: \_\_\_\_\_

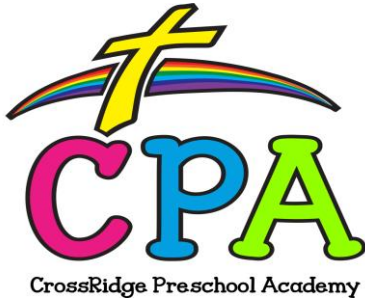
Father's name: \_\_\_\_\_ Email \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_  
Father's cell: \_\_\_\_\_ work: \_\_\_\_\_  
Address if different than student's: \_\_\_\_\_

Do you attend church? Yes No (circle one) If yes, where? \_\_\_\_\_

Children will only be released to a parent or person designated by the parent after verification of ID. Name two to four individuals who may be contacted in case of an emergency, if parents cannot be reached and are authorized to pick up your child:

1) Name _____	2) Name _____
Phone Number _____	Phone Number _____
Address _____	Address _____
Relationship to Child _____	Relationship to Child _____

3) Name _____	4) Name _____
Phone Number _____	Phone Number _____
Address _____	Address _____
Relationship to Child _____	Relationship to Child _____



**Emergency Information**

Child's Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Special needs (including dietary restrictions): \_\_\_\_\_

Previous serious illnesses and injuries: \_\_\_\_\_

Prescribed medications for long-term use: \_\_\_\_\_

**Authorization for Emergency Medical Care & Medical Statement**

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I hereby authorize CPA to take my child to the nearest licensed physician or hospital. I give consent for the facility of CPA to secure any and all necessary emergency medical care for my child. My child is enrolled in an on-going health supervision program with annual evaluations.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

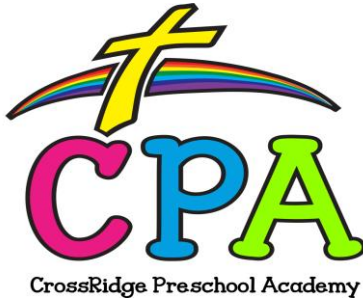
**Authorization of Emergency Medication**

I authorize CPA staff to administer emergency medications to my child in the event of an emergency. Emergency medication must be brought into the center by a parent/legal guardian and must be kept in the original container. It must be labeled with your child's name, name of medication, directions for medication's administration, and date of the prescription. Please notify the school in writing of any changes to the information provided below.

Child's Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Fees

**Registration Fee:** A non-refundable registration fee of \$100 is required with a completed enrollment form.

**Supply Fee:** Due twice a year at Open House and January:

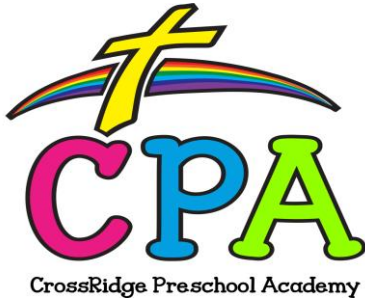
- 2 day \$50
- 3 day \$60
- 4 day \$70

**Totes:** Totes are required for Toddlers, Twos, Threes and Fours classes. Payment of \$15 is due at Open House or at the time of registration. If you already have a tote from a previous year, you will not need to purchase a new one.

**Tuition:** I understand that tuition is \$\_\_\_\_\_ a month per child, for two or more children tuition is \$\_\_\_\_\_. Our tuition fees are figured on an annual cost for the program broken into nine equal monthly payments for your convenience. No adjustments will be made for sick days, vacation days, or short months due to calendar holidays. If your child takes an extended vacation (for example, out of the country) or has a lengthy illness, full tuition is still due. Tuition is due whether the child attends or not. We do not prorate tuition for illness or holidays. Tuition is due on the first school day of each month. If tuition is not paid on time, a \$20 late charge will be added. If your child(ren) is sick the day tuition is due, payment is expected the first day your child returns.

- 2 day \$230
- 3 day \$320
- 4 day \$410

**Sibling discount:** For a family of 2 or more students enrolled, there is a sibling discount of \$10 off per student, per month. For example: If you have two children who are both enrolled in our 2 day option, tuition will be \$220 per child, per month instead of \$230 per child, per month.



**Photo Release**

I grant to CrossRidge Preschool Academy, the right to take photographs/videos of my child in connection with preschool experiences at the facility. I authorize CrossRidge Preschool Academy to copyright, use and publish the same in print and/or electronically. I agree that CrossRidge Preschool Academy may use such photographs/video of my child without my name and for any lawful purpose, including for example, such purposes as publicity, CPA's facebook page, illustrations, advertising, and web content.

Student's Name: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have reviewed the contents of this enrollment packet and I agree to the Operational Policies of the CrossRidge Preschool Academy program.**

Student's Name: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_