


# Community Christian Preschool (CCPS) Registration 2019-2020

Please use the boxes below to select your child's age as of September 1, 2019. Then please pick the class days/time for your child. Then please go to **Chart #2** and under your child's appropriate age group check the boxes for days you have chosen your child to attend. Be sure to sign on the line to the right of your child's schedule.



**2's** (9:15 AM-11:45 AM)

Monday / Wednesday / Friday **\$275.00**  
 Friday ONLY **\$100.00**  
 Tuesday / Thursday **\$190.00**






**3's** (9:15 AM -1:15 PM)

Monday / Wednesday / Friday **\$380.00**  
 Tuesday / Thursday **\$230.00**



**4's** (9:15 AM -1:45 PM)

Monday – Friday **\$555.00**  
 Monday / Wednesday / Friday **\$390.00**  
 Tuesday / Thursday **\$285.00**

Chart #2			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			







**Check the blocks in Chart #2 to the left to create your Child's Preschool Schedule**

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Directors Initials: \_\_\_\_\_

## Preschool After Care Registration

After Care is offered as an additional service once preschool has ended. If interested in signing your child up please select the appropriate age and the days you would like for your child to stay. After care times run from 1:15 to 3:00 pm

						
Monday				<b>2's</b> 11:45 AM to 3:00 PM (\$30.00 a day)	<b>3's</b> 1:15 PM to 3:00 PM (\$25.00 a day)	<b>4's</b> 1:45 PM to 3:00 PM (\$25.00 a day)
Tuesday						
Wednesday						
Thursday						
Friday						

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

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Name of Child \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Likes to be called \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email Address: \_\_\_\_\_  
Child resides with **Both Parents** / **Mother** / **Father** / **Other** (If other, please provide with whom the child resides with)  
Does your child have an IEP or IESP? Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, would you please share it with us.  
Special Needs of Child (ECL, speech, occupational therapy, physical therapy, diet) \_\_\_\_\_

## Parent Information

### Parent's #1 Information

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Parent's Work # \_\_\_\_\_ Parent's Cell # \_\_\_\_\_  
Parent's Work # \_\_\_\_\_ Parent's Work # \_\_\_\_\_

### Parent's #2 Information

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Parent's Work # \_\_\_\_\_ Parent's Cell # \_\_\_\_\_  
Parent's Work # \_\_\_\_\_ Parent's Work # \_\_\_\_\_

~~~ If your cellphone changes, you **MUST** inform the school director immediately. ~~~

## Authorized Pick-up List

Please list 4 individuals who are authorized by parents/legal guardian(s) to **Pick-Up** the above child from Community Christian Preschool.

| <u>Name of Authorized to pick-up</u> | <u>Relationship</u> | <u>Home Phone</u> | <u>Cell Phone</u> |
|--------------------------------------|---------------------|-------------------|-------------------|
| _____                                | _____               | _____             | _____             |
| _____                                | _____               | _____             | _____             |
| _____                                | _____               | _____             | _____             |
| _____                                | _____               | _____             | _____             |

If an individual is picking your child up from school and is not on the above "Authorized Pick-up List" you must 1) Notify the school via email ([ccpsk1@verizon.net](mailto:ccpsk1@verizon.net)) or in writing, AND 2) Contact the school via phone (410-255-9250, option 3).

## General Information

1. A \$90.00 non-refundable fee per child is due when you register your child.
2. Monthly tuition is due on either the 1<sup>st</sup> or 15<sup>th</sup> of each month. A \$20.00 late fee will be charged for not received by the 10<sup>th</sup> of each month.
3. A \$25.00 fee will be charged for returned checks and a \$10.00 fee will be charged for returned EFT's.
4. A 10% discount in tuition for families who have two or more children enrolled in the preschool will be applied to tuition. This does not apply to the After Care program.

I have read and understood the above statements and accept the terms for the 2019-2020 school year.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_