

ROBERT H. LANGE CHRISTIAN PRESCHOOL 2010/2011

We are licensed to serve children 2 yrs, 9 mos. (by 9/1/10) through 6 years old.

1 NAME OF CHILD: _____

First Middle Last

NAME USED IN SCHOOL: _____

DATE OF BIRTH: _____ Age in 9/10 ____ Yrs. & ____ Mo. M/F: _____

HOME ADDRESS: _____ CITY/ZIP: _____

HOME PHONE:(____) _____ CHILD RESIDES WITH: _____

E-MAIL ADDRESS: _____

MOTHER: _____ FATHER: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE:(____) _____ WORK PHONE:(____) _____

CELL PHONE:(____) _____ CELL PHONE:(____) _____

2 The following people may be called in case of illness/minor injury and the parents cannot be reached. These people are also authorized to pick up the children.

NAME: _____ PHONE:(____) _____

NAME: _____ PHONE:(____) _____

3 MEDICAL DIRECTIVE:

In case of serious illness/accident and I CANNOT be reached, I give my legal consent for Robert H. Lange Christian Preschool to: (check all that apply)

1) _____ Call Doctor _____ Phone:(____) _____

2) _____ Call 911 and release paramedics to perform necessary treatment.

3) _____ I authorize all necessary treatment deemed advisable.

List allergies (food or medicine) or medical condition that could affect the treatment.

Insurance Carrier: _____

Policy # _____ Policy Holder's Name: _____

Child's Name: _____

Parent or Legal Guardian Signature: _____

4 CHURCH YOUR FAMILY ATTENDS: _____

DO WE HAVE YOUR PERMISSION TO PRINT YOUR ADDRESS AND PHONE NUMBER ON A CLASS LIST TO BE DISTRIBUTED TO OTHER CLASSMATES? (This will not be sold or distributed outside the school)

YES _____ NO _____

5a TO GIVE TO MOO FOR MAILINGS & EMAILS YES _____ NO _____

6 DO WE HAVE YOUR PERMISSION TO PHOTOGRAPH OR VIDEOTAPE YOUR CHILD FOR EDUCATIONAL AND PUBLICITY PURPOSES WITHIN M.O.O. (CHURCH AND ON T.V.) YES _____ NO _____

7 Please check the program that you request for your child:

A. Morning Preschool Program: 9:00 - 11:45 A.M.

_____ Tues/Thurs \$195.00 _____ Mon/Wed/Fri.....\$250.00
_____ Five Mornings: 9:00 - 11:45..... \$445.00

B. Afternoon Preschool Program: 12:30 - 3:15 P.M *

* _____ Mon/Wed/Fri \$250.00
* _____ Tues/Thurs \$195.00

C. Jr. Kindergarten Program: (For children 4 years 9 months old and above)

Monday/Wednesday/Friday
* _____ A.M. Class: 9:00 - 11:45\$260.00
* _____ P.M. Class: 12:30 - 3:15\$260.00
_____ Jr. Kindergarten 5 Mornings or 5 Afternoons.....\$455.00

D. Extended Day: 8:00 - 3:15

* _____ Mon/Wed/Fri \$510.00
* _____ Tue/Thur \$380.00
* contingent on 20 students enrolling (minimum)

Ask us about our Lunch Bunch and Early Start Programs 8:00 - 3:15 P.M.

Tuition is a predetermined yearly total divided into 10 equal payments, regardless of holidays, staff in-service days or unforeseen circumstances. NO credit is given for illness or personal vacation. Tuition must be paid in full on the **first of each month**. Any fees incurred because of late payment, changes in accounts, etc. will be passed on to you. **Pre-payment of last month's tuition is due prior to the first day of school. All withdrawals must be put in writing, with 30 days notice, in order to get a refund. There are NO EXCEPTIONS.**

TOTAL TUITION, DUE MONTHLY: _____
REGISTRATION FEE, DUE IMMEDIATELY: \$100.00 (NON-REFUNDABLE)
THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS

8 WHO WILL BE FINANCIALLY RESPONSIBLE FOR FEES DUE AND TO WHOM SHALL FINANCIAL CORRESPONDENCE BE SENT?

NAME: _____ PHONE:(____) _____

ADDRESS: _____ CITY/ZIP: _____

****I understand all school policies; purpose & philosophy, financial, medical, organizational and educational. I agree to abide by these policies and herewith enroll my child. I have also received and read the parent handbook and know my rights outlined in the Personal Rights Form, Parents Rights Notice, and this Financial Agreement. NO SIBLING POLICY: Siblings are not allowed in the classroom or on field trips. Continued enrollment of my child is dependent on my continued support and co-operation of the preschool staff and all school policies.**

My child is potty trained and is able to use the restroom independently

9 SIGNATURE: _____ DATE: _____