

GROWING GOD'S CHILDREN PRESCHOOL

2024-2025 Enrollment Form

Please check the program you are enrolling your child in.
All classes will be 9:00 a.m. - 3:00 p.m.

____ 3 years old; Must be 3 years old by September 1, 2024
Two Full Days per week @ \$200.00/mo
(circle one) Mon/Wed or Tues/Thurs

____ 4 years old; Must be 4 years old by September 1, 2024
Three Full Days (Mon., Tues. & Thurs.) per week
@ \$275.00/mo

****In order to accept this enrollment form we must have:
Your child's Birth Certificate, Current Immunization Record
and a \$125.00 non-refundable enrollment fee***

**Please make checks payable to: Crossroads Mustang
Cash Payments must be for EXACT amount_**

Child's Name: _____ **Nickname:** _____
Birthdate: ___ / ___ / ___ **Age on 9-1-24** _____ **Male** _____ **Female** _____
Address _____ **City** _____ **Zip Code** _____
Home Phone: _____ **Email address** _____

Mother's Name: _____ **Cell Phone:** _____
Place of Employment: _____ **Work Phone:** _____

Father's Name: _____ **Cell Phone:** _____
Place of Employment: _____ **Work Phone:** _____

Please list any allergies to foods, medications, etc: _____

ALL CHILDREN MUST BE COMPLETELY POTTY TRAINED

ADDITIONAL EMERGENCY CONTACTS

NAME: _____ Relationship: _____
Phone: _____ Cell Phone: () _____
Address: _____ City: _____ State: ____ Zip: _____

NAME: _____ Relationship: _____
Phone: _____ Cell Phone: () _____
Address: _____ City: _____ State: ____ Zip: _____

OTHERS AUTHORIZED TO TAKE CHILD FROM FACILITY

(In addition to above contacts)

NAME: _____ Relationship: _____
Phone: _____ Cell Phone: () _____
Address: _____ City: _____ State: ____ Zip: _____

NAME: _____ Relationship: _____
Phone: _____ Cell Phone: () _____
Address: _____ City: _____ State: ____ Zip: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

Physician and Preferred Hospital to be used in an emergency.

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency care, the physician and preferred hospital to be used are:

Doctor/Clinic:

Name: _____ Phone: _____

Preferred Hospital:

Name: _____ Phone: _____

Personal Information Release Form

Child's Name: _____

Parent's Name(s): _____

Mailing Address: _____

Home Phone Number: _____

ADDRESS INFORMATION

From time to time, Parents wish to have the addresses of their child's classmates to mail out invitations for parties. This information will not be given out without your permission.

_____ I give my permission to have the information listed above given out to the parent of my child's classmates.

_____ I DO NOT want to have the information listed above given out.

(Signature of Parent or Legal Guardian)

(Date)

PHOTOGRAPHS

From time to time, Growing God's Children will photograph your child for use in classroom activities, parent events, or for use on our church website. Your child's name will never be published along with these photographs on the website.

_____ I give permission for Growing God's Children staff to photograph my child for the uses outline in the paragraph above.

OR

_____ I give permission for my child's teacher to take photographs of my child for use in Art Activities that may arise during the school year.

_____ I DO NOT wish to have my child photographed while attending Growing God's Children Preschool.

(Signature of Parent or Legal Guardian)

(Date)

2024-2025 Preschool Tuition Agreement

This agreement is made between Growing God's Children Preschool and

Parent/Guardian(Print Name): _____

On Behalf of Child (Print Name): _____

- A one-time, *non-refundable* enrollment fee in the amount of \$125.00 is due at the time of enrollment/registration.
- Tuition is based on a yearly tuition amount (August-May), and is payable monthly in the following amounts;

⇒ **August** Tuition {**ONLY** month that will be pro-rated)

- 3 yr olds - \$150.00
- 4 yr olds - \$205.00

⇒ **September - May** Tuition

- 3 yr olds - \$200.00 per month
- 4 yr olds - \$275.00 per month

*Tuition is due for each month, on the first school day of each month, regardless of actual attendance. There is no discount, refund or other financial allowance for absence, illness, vacations, holidays, school closures or delays. These instances have already been factored into your child's tuition.

*Parents/Guardians will be required to give one month's notice to terminate enrollment, submitted to the director in writing with a withdrawal date. The full tuition for the one month's notice period must be paid, even if the child does not attend school during that month.

All tuition payments should be paid through our Kindertales Platform.

Signature of Parent/Guardian who is financially responsible:

(Signature of Parent or Guardian)

(Date)