

**COMMUNITY PRESBYTERIAN PRESCHOOL REGISTRATION 2024-2025**

DATE \_\_\_\_\_ CHILD'S BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_  
MONTH/DAY/YEAR

CHILD'S NAME \_\_\_\_\_  
first middle last Nickname if applicable

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
Street  
\_\_\_\_\_ CELL PHONE \_\_\_\_\_  
City, State Zip Code

ENROLLING IN: (please check the class that applies)

- Preschool (3 year old X 2 days/week)     Pre-Kindergarten (4 year old X 2 days/week)  
 Preschool (3 year old X 3 days/week)     Pre-Kindergarten (4 year old X 3 days/week)  
 \*Preschool (3 year old X 5 days/week)     Pre-Kindergarten (4 year old X 5 days/week)

*\* Contact the Director for additional information regarding our 3 year old 5 day per week programs.*

PARENTS MARITAL STATUS: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S WORK or Cell Phone # \_\_\_\_\_

MOTHER'S ADDRESS (if different) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S WORK or Cell Phone # \_\_\_\_\_

FATHER'S ADDRESS (if different) \_\_\_\_\_

PARENTS' HOME CHURCH/DENOMINATION \_\_\_\_\_

SIBLINGS (name and age) \_\_\_\_\_

PREVIOUS SCHOOL OR PROGRAM ATTENDED \_\_\_\_\_

IS CHILD ON ANY MEDICATION? \_\_\_\_\_ IF YES, DESCRIBE \_\_\_\_\_

DOES CHILD HAVE ALLERGIES? \_\_\_\_\_ IF YES, DESCRIBE \_\_\_\_\_

PHYSICAL LIMITATIONS? \_\_\_\_\_ IF YES, DESCRIBE \_\_\_\_\_

SPECIAL NEEDS, HABITS, FEARS, ATTACHMENTS? \_\_\_\_\_

-----**Emergency Contact Information on the back of this form**-----

**OVER**

PERSONS TO CONTACT IN CASE OF ILLNESS OR EMERGENCY OTHER THAN PARENT  
(These persons are also authorized to pick up my child)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_
  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

Any information you feel necessary to disclose, please list below.

## Physical Education

My child, \_\_\_\_\_, has permission to participate in physical education class during preschool hours. I agree to hold Community Presbyterian Church/Preschool and its staff harmless of liability.

\*If your child has any medical conditions, such as asthma or a physical disability that would inhibit them from participating, please discuss this with the Director.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Student Directory

Are you willing for your child's name, address and phone number to be included on a roster that may be sent home to other parents upon their request, to be used for birthday parties, etc.?  Yes  No

\_\_\_\_\_  
Signature of Parent or Guardian

## Email Notification

Yes, please add our email address(s):

\_\_\_\_\_  
\_\_\_\_\_

to receive the monthly preschool newsletter and any other notifications from the office. Your email will not be shared with any other source and will only be used for the purpose of passing along schedule/activity related information from the director.

No, I/we prefer not to be contacted by email.

Student Media Inclusion: Occasionally we will share student photos, class photos, candid shots, video, on the church web site. Children's names will not be included in any of the media.

## ***TUITION CONTRACT***

In order to ensure that our rates remain affordable, please be advised of the following conditions:

1. Tuition is based on an annual fee which may be paid in full or in 10 monthly installments.
2. The first payment is due August 1, 2024 and the final payment will be due on May 1, 2025. If you are enrolling after the first day of school, your first payment will be due on the first day your child attends school and may be pro-rated depending on the day of enrollment.
3. All payments received after the 5<sup>th</sup> of the month, must include a \$5.00 late fee. For each 10 days thereafter an additional \$5.00 fee will be added to your account.
4. Full monthly installment is due regardless of attendance or school schedule.
5. Checks should be made payable to "Community Presbyterian Preschool" or "C.P.P" and may be delivered to your child's teacher or given to the Director. We also accept cash in the church office. The Preschool does not accept credit or debit cards.
6. The Preschool accepts PayPal for payments. Our PayPal access is: [foxhillcpc@gmail.com](mailto:foxhillcpc@gmail.com). Parents will be required to include the service fees in their monthly payment. For the schedule of these fees, see the directors.
6. A \$15.00 fee will be assessed on any check returned for any reason.
7. Should a child withdraw from the roll, partial month's tuition payments and material fees will not be refunded. Please provide us a 30 day notice of departure.
8. Any questions regarding payments, amount due, or other concerns must be brought to the attention of the Director prior to the due date.
9. The Director and/or Treasurer have discretion over all money matters.

Please sign the bottom portion and return with your Registration Form.

### **Tuition Contract:**

I have read and understand the above terms and agree to adhere to the policies of Community Presbyterian Preschool as outlined above.

\_\_\_\_\_ I will pay the annual tuition fees by August 1, 2024.

\_\_\_\_\_ I will pay tuition in 10 monthly installments beginning August 1, 2024.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name PRINTED

# Community Presbyterian Preschool Identity Verification Form

This information is required by Virginia State Law effective July 1, 1998. This form must be completed and on file in the Preschool office on the first day of school.

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Type of proof presented (must be one of the following):

\_\_\_\_\_ Birth certificate (must be a certified copy) or birth registration card  
State: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Birth certificate number: \_\_\_\_\_

\_\_\_\_\_ Birth record/notification (hospital, physician or midwife record):  
State: \_\_\_\_\_ Issuing agency/individual: \_\_\_\_\_

\_\_\_\_\_ Passport Issuing country: \_\_\_\_\_  
Passport number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

\_\_\_\_\_ Placement agreement/record from agency: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Issuing agency: \_\_\_\_\_ Case/Registration # \_\_\_\_\_

Previous Schools and/or Day Care Centers Attended:

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

Location: \_\_\_\_\_

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

Location: \_\_\_\_\_

Signature of responsible party providing information: \_\_\_\_\_

Signature of Preschool Director/Assistant Director: \_\_\_\_\_