CROSSROADS CHRISTIAN PRESCHOOL 2010-2011 APPLICATION FORM Crossroads Presbyterian Church Preschool Director: Maureen Leurquin 6031 W. Chapel Hill Road Maguen WI 52007

Mequon, WI 53097 262-242-1670, Ext. 180

APPLICATION FOR ENROLLMENT: (Rvsd. 10-18-13)

- 1.) **Please use a pen** when filling out this form and hand-in or mail to the church office. The Application Form and the non-refundable application fee of \$100.00 is all that is needed to enroll your child in the preschool. This application fee will hold your child's spot for the 2014-2015 preschool season. Fifty dollars of the application fee will be applied toward the first tuition payment in August. None of the \$100.00 application fee will be refunded if your child is enrolled in the program and then is withdrawn from the program.
- 2.) A registration fee discount shall be applied to families who have two or more children currently enrolled in the preschool program during the same school calendar year. The non-refundable registration fee is \$50.00 per child (per year) or \$75.00 maximum per family. So, a family who has two or more children in the program at the same time would pay a total of \$75.00 in registration fees in addition to the \$50.00 per child fee that will be applied to the first tuition payment in August. (i.e. 2 children ~\$75 + \$100 = \$175; \$100 would be applied to tuition in August.)
- 3.) Completed applications are accepted on a first come, first served basis marked by office date stamp or postmark. **Priority is given to continuing students and siblings and members of Crossroads until <u>the</u> <u>day prior</u> to the Preschool Fair on January 11, 2014.**
- 4.) Fill out the form for Permission/No Permission to Publish. This gives permission to include your information in our parent directory and/or use your child's photo in preschool posters, bulletin boards, brochures or preschool website. Please return the Permission/No Permission to Publish form with the Application Form. Your information will only be used if your child is enrolled in our preschool program.
- 5.) The Acceptance Letter will be sent in the middle of February. It will contain additional information.
- 6.) State law requires several forms to be completed and returned to the preschool **PRIOR** to your child's first day of school. <u>These forms will be sent to you in the month of June.</u>

REGULAR PRESCHOOL

3K Preschool: _____ Mon. & Wednesday Age 3 by Sept. 1, 2014 9:00 am-11:30 am 4K Preschool: _____ Mon., Wed., & Friday Age 4 by Sept, 1, 2014 9:00 am-11:30 am

NATURE AND SCIENCE PROGRAM

(The cost of the additional days will be due on the same day as when the regular tuition is due A reminder notice will be sent to you.)

*Please indicate if you will be enrolling your child in the Nature & Science Program for Sept., Oct. & Nov. You will be able to enroll your child on a 3 month basis; i.e. (1) Sept., Oct. & Nov.; (2) Dec., Jan., Feb; (3) March, April & May. <u>This is just for Sept., Oct., & Nov.</u>

*We need a minimum of 6 children to enroll to have the program.

___3K Fridays (every Friday)
 9:00 am-11:30 am
 \$15.50 a day/\$186.00 total
 Payment is not due until Aug. 1st
 Or you may pay ½ on Aug. 1st and
 Remaining ½ on Sept. 1st.

_4K Tuesdays (every Tuesday) 9:00 am-11:30 am \$15.50 a day/\$186.00 total Payment is not due until Aug. 1st. Or you may pay ¹/₂ on Aug. 1st and Remaining ¹/₂ on Sept. 1st

Home Phone Number: ()	Ma	ale Fem	ale	Birth Date//
Mailing Address:				
Street Mother's name	City cellphone			Zip : #
Employer	occupation			
Father's name	cellphone		work	c #
Employer	occupation			
arent's Live together: Yes	No If "No", with whom does the chil	ld live with		
lease attach a copy of any court document that relat	tes to custody of the child. Copies of such p	paperwork sha	ll be kept	confidential in the chil
arent(s) Name(s) for directory				
Iome E-mail address: (Optional)			· · · · · · · · · · · · · · · · · · ·	
lames/Ages of Siblings				
hild's position in family	Pets			
hild's Physician		Phone#_		
llergies/other medical issues lease add anything which may help us in kr your child currently receiving speech therapy	nowing your child or comment on the y? If so, please indicate the name and te	f ollowing. (<i>use additi</i> nber of th	onal paper if necessar ne speech teacher.
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name:	nowing your child or comment on the y? If so, please indicate the name and to Phone#:	e following. (<i>use additi</i> nber of th	onal paper if necessar ne speech teacher.
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through	nowing your child or comment on the y? If so, please indicate the name and to Phone#:	e following. (<i>use additi</i> nber of th	onal paper if necessar ne speech teacher.
Child's Physician Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically: Behaviorally:	nowing your child or comment on the y? If so, please indicate the name and te Phone#: the public school system?	e following. (elephone nur _Yes	use addition	onal paper if necessar
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically:	nowing your child or comment on the y? If so, please indicate the name and to Phone#: the public school system?	e following. (elephone nur _Yes	use additi	onal paper if necessar
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically: Behaviorally: peech:	nowing your child or comment on the y? If so, please indicate the name and te Phone#: the public school system?	e following. (elephone nur _Yes	use additi	onal paper if necessar
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically: Behaviorally:	nowing your child or comment on the y? If so, please indicate the name and te Phone#: the public school system?	e following. (elephone nur _Yes	use additi	onal paper if necessar
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically: Behaviorally: Speech: Fears:	nowing your child or comment on the y? If so, please indicate the name and to Phone#:	e following. (elephone nur _Yes	use additi	onal paper if necessar
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically: Behaviorally: Geech: Fears: Toilet training (required):	nowing your child or comment on the y? If so, please indicate the name and to Phone#:	e following. (elephone nur _Yes	use additi	onal paper if necessar
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically: Behaviorally: Geech: Foilet training (required): Dther:	nowing your child or comment on the y? If so, please indicate the name and to Phone#: the public school system? p and/or care for your child:	e following. (elephone nur _Yes	use addition	onal paper if necessar
Allergies/other medical issues Please add anything which may help us in kr s your child currently receiving speech therapy Name: Does your child currently have an IEP through Physically: Behaviorally: Behaviorally: Grears: Toilet training (required): Dther: Friend's/Relatives with permission to pick up	nowing your child or comment on the y? If so, please indicate the name and to Phone#: the public school system? p and/or care for your child: Relation:	e following. (elephone nur _Yes	use addition	onal paper if necessar

Parents are the most important teachers of their children. Although we are not a "Parent Cooperative" preschool, we do believe that EVERYONE who cares for your child, (teachers, grandparents, pastors and especially parents, etc....) can and should be involved in the learning process. Most preschool-age children love to have their parent's involvement. Here is a list of possible areas of participation. Please go through this list and consider any and all areas where you could share your gifts and circle them off. You are not making a commitment here, just sharing your abilities:

Classroom helper during cooking projects	Help with Campbell Soup Labels	Baby-sit a sibling for a volunteer parent
Bulletin board helper	Baking for special events	Provide a meal for a preschool family who just had a baby or parent had surgery
Cut out projects for the teacher	Sewing	Make play dough for the classroom
I can play the following instrument for t	he class:	Other gift or talent:

SIGNATURE OF PARENT/GUARDIAN:____

DATE

Date application received://
Application fee \$100.00
Permission to publish
Check #:
Recorded by:

Crossroads Presbyterian Church 6031 W. Chapel Hill Road Mequon, WI 53097 262-242-1670

PLEASE COMPLETE AND RETURN WITH THE PRESCHOOL APPLICATION. THANK YOU!!

Rvsd: 10-18-13

PERMISSION TO PUBLISH IN PRESCHOOL DIRECTORY

Crossroads will put together a directory for the use of the preschool. We encourage all families to participate for the benefit of every child. This directory is helpful for good communication between school and home, networking of parents and children, play dates and parties. The Preschool assures parents that this information will be for use within the church family of Crossroads and the preschool only.

First and Last Name of Child:_____ Preschool Year: _____

Please circle: 3K or 4K

Crossroads Christian Preschool has my permission to publish the names of my family, home address, phone number and e-mail address in the Preschool Directory for the year(s) my son/daughter is attending preschool.

PARENT/GUARDIAN SIGNATURE_____DATE_____DATE_____

PERMISSION TO USE CHILD'S PICTURE

The teachers love to take pictures throughout the year of their adorable preschool children. At times, we like to display those pictures within Crossroads Presbyterian Church so that the members of Crossroads can see all the fun things we do in preschool. Plus, we like to show others within the community what Crossroads Christian Preschool has to offer their child and family by putting pictures of the children on the preschool website or at the preschool fair that the Director of Preschool attends each year. *At no time, do we ever use the child's name or address along with the picture. Please indicate below if we have your permission to use a photograph that has your child in it.

Crossroads Christian Preschool has my permission to print and use pictures of my son/daughter for the following purposes. I understand that at no time will my child's name or address be used with the pictures. **Please place a checkmark next to each one that you consent to:

- Preschool bulletin boards located in the preschool hallway.
- Preschool bulletin board located next to the Information Window of Crossroads church.
- Preschool brochure_____
- Preschool website
- Bulletin board used at the Preschool Fair
- Preschool Newsletter_____ •
- Church Newsletter (Courier)

I do not wish for the preschool to use my child's picture at anytime for any purpose.

* PARENT/GUARDIAN SIGNATURE DATE