

CROSSROADS CHRISTIAN PRESCHOOL

2016-2017 APPLICATION FORM

Crossroads Presbyterian Church
Preschool Director: Maureen Leurquin
6031 W. Chapel Hill Road
Mequon, WI 53097
262-242-1670, Ext. 180

*\$100.00 Application Fee
will hold your child's spot.
\$50 will be applied to the
first tuition payment.

APPLICATION FOR ENROLLMENT: (Rvsd. 12-08--15)

- 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 2016-2017 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 None of the \$100.00 application fee will be refunded if your child is enrolled in the program and then is withdrawn from the program.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 January 22, 2016.**
- 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. **These forms will be sent to you in the month of June.**

REGULAR PRESCHOOL

3K Preschool: _____
Mon. & Wednesday
Age 3 by Sept. 1, 2016
9:00 am-11:30 am

4K Preschool: _____
Mon., Wed., & Friday
Age 4 by Dec. 1, 2016
9:00 am-11:45 am

GETTING READY FOR PRESCHOOL TERRIFIC TWO'S/THREE'S PROGRAM
For children who miss the Sept. 1 cut off but turn 3 by Dec. 31 2016 & potty trained,
or for children who may be attending 3 years of preschool due to a summer birthday.

Tuesday Class _____
9:00 am- 11:30 am

Tuesday & Friday Class _____
9:00 am-11:30 am

NATURE AND SCIENCE PROGRAM

These young scientists engage in hands-on experiments, nature walks and math activities that spark their creativity and imaginations!

*We need a minimum of 5 children to enroll to have the program.

Please indicate if you might be interested in enrolling your child. No payment is due at this time.

Additional information about the program will be provided to you.

_____ 3K Fridays
9:00 am-11:30 am

_____ 4K Tuesdays
9:00 am-11:45 am

Child's Name: (First, Middle, Last) _____

Name your child would like to be called at school: _____

Home Phone Number: (_____) _____ Male _____ Female _____ Birth Date ____/____/____

Mailing Address: _____

Street _____ City _____ Zip _____
Mother's name _____ cellphone _____ work # _____

Employer _____ occupation _____

Father's name _____ cellphone _____ work # _____

Employer _____ occupation _____

Parent's Live together: _____ Yes _____ No If "No", with whom does the child live with _____

Please attach a copy of any court document that relates to custody of the child. Copies of such paperwork shall be kept confidential in the child's file.

Parent(s) Name(s) for directory _____

E-mail address that you look at the most: _____

Names/Ages of Siblings (**Please include **birthdate (month, day & year)** for siblings younger than 3 years of age)

Child's Physician _____ Phone# _____

Allergies/other medical issues _____

Please add anything which may help us in knowing your child or comment on the following. (use additional paper if necessary)

Is your child currently receiving speech therapy? If so, please indicate the name and telephone number of the speech teacher.

Name: _____ Phone#: _____

Does your child currently have an IEP through the public school system? _____ Yes

Physically: _____

Behaviorally: _____

Speech: _____

Fears: _____

Toilet training (required): _____

Other: _____

Friend's/Relatives with permission to pick up and/or care for your child:

Name _____ Relation: _____ Phone: _____

Name _____ Relation: _____ Phone: _____

How did you hear about us? (Plse. state the person's name if it was a referral.) _____

Are you a member of Crossroads? (Circle one.) Yes No **Religious affiliation (if any)** _____

Have you been involved/participated in anything at Crossroads? (Circle one.) Yes No (List) _____

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:

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

Baby-sit a sibling for a parent who wants to chaperone or volunteer in the classroom for a day

Thank you! Someone will call you when needed.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE** _____

Completed by Preschool Director
 Date application received: ____/____/____
 Application fee \$100.00 _____
 Permission to publish _____
 Check #: _____
 Recorded by: _____