

Application Form
2012—2013
Colonial Preschool



Application Date _____

Lottery Number _____

Child's Name _____ Sex _____ Birth Date _____

Home Address _____ City _____

State _____ Zip _____ Home Telephone () _____

Email Address _____

Mother's Name _____ Cell Phone () _____

Occupation _____ Business Phone () _____

Business Address _____ State _____ Zip _____

Father's Name _____ Cell Phone () _____

Occupation _____ Business Phone () _____

Business Address _____ State _____ Zip _____

Is your family a member of Colonial Presbyterian Church? Yes or No

If not a member of Colonial, what church do you attend? _____ or Do not attend

Have any of your children been enrolled in our program before? Yes or No

Are either of the child's parents alumni of Colonial Child Development Center? Yes or No

I understand that I must pay a non-refundable \$50 enrollment fee at the time I submit this registration form. I understand that ***tuition for September is due on August 1*** in order to retain my child's classroom assignment. I understand that the following forms must be turned into the Preschool office no later than *August 1, 2012*:

- Enrollment/Agreement Form
- Medical Record Form —*Must have doctor's signature and immunization record
- Authorization for Emergency Medical Care Form —*Must be notarized

I understand that Colonial CDC and Preschool complies with K.S.A. 44-1009: Each admission policy shall be non-discriminatory in regard to race, color, religion, national origin, ancestry, physical handicap, or sex.

Parent Signature _____ Date _____