



9500 Wornall Road Kansas City, MO 64114 816-501-3052 (Telephone & Fax) www.colonialkc.org/cdc

Wornall Campus—Enrollment Form 2012-2013

Child's Name _____ Sex _____ Birth date _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone with Area Code _____

Email Address 1. _____ Email 2. _____

Mother's Name _____ Cell Phone _____ Business Phone _____

Mother's Home Address _____ State _____ Zip _____

Father's Name _____ Cell Phone _____ Business Phone _____

Father's Home Address _____ State _____ Zip _____

Child lives with: _____

Person Responsible for Tuition Payment (if other than parent) _____

Address _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Names and ages of other children in the home _____

Emergency Contacts (Other than parent or doctor, must be in the area):

1. Name _____ Relationship _____

Address _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Person(s) authorized to take child from the school:

1. _____ 3. _____

2. _____ 4. _____

(Child will not be released to anyone except those listed above. Proper identification must be presented at time of pick up.)

Problems at birth (prematurity, etc.)? **Yes or No** If yes, indicate nature and duration of problems: _____

Are there any **special health issues** of which we should be aware, **such as allergies, asthma, etc.?** **Yes or No**

If yes, please list them and explain procedures for care (please attach a written plan for severe concerns): _____

Does child show any indications of possible problems with speech, hearing, vision or other physical limitations?

Yes or No If yes, please explain: _____

Is child on any regular medications? **Yes or No** Specify: _____

Is there any pertinent information about the family we should know such as a recent move, death, separation, serious illness, recent divorce? **Yes or No** If yes, please explain: _____

Where will child attend Kindergarten? _____

School District in which you live: _____

(over)



Colonial Preschool Wornall Campus—Enrollment Agreement

Child's Name _____
*Physician's Name _____ Phone _____
*Hospital Preference _____ **Required for State of MO Inspection*

I, the undersigned parent or guardian, hereby enroll my child, _____, for the 2012-2013 school year in Colonial Preschool, conducted under the supervision of Colonial Presbyterian Church. I understand that the enrollment fee is non-refundable for any reason, and that I will owe nine tuition payments with **September's tuition due August 1st** and the remaining months of October through May due no later than the 5th of each month. I understand that because of ongoing center expenses, refunds or adjustments of tuition due to absences and/or inclement weather will not be made. I also understand that if I choose to withdraw my child from the school, refunds of tuition already paid will not be made. I further understand that there is no deduction in the monthly tuition amount for days the school is closed due to breaks, holidays and conferences.

I understand that, *due to school policy and state licensing regulations of Missouri*, **my child may not attend school until all forms have been completed and turned in to the office.** These forms include: *Enrollment/Agreement form, Authorization for emergency medical care, Medical Examination form, copy of current Immunization Records & Notice of Parent Responsibility form regarding our license-exempt status.*

- **I give consent** for our names, address, phone #, and email to be distributed to parents in my child's class on a class roster. **Yes ___ No ___**
- **I give consent** for listed above information to be included in an all-school directory. **Yes ___ No ___**
- **I give consent** for my child to use all play equipment and participate in all program-related activities. **Yes ___ No ___**
- **I give consent** for my child to receive the following first aid: for contusion, an ice pack will be applied; for cut or abrasion, soap and water and band-aid will be applied. **Yes ___ No ___**
- **I give consent** for my child's photograph to be used for the purpose of Preschool's bulletin boards, activity documentation panels, and/or Christmas & year-end videos. **Yes ___ No ___**
- **I give consent** for my child's photograph to be used for the purpose of school/church related publications, the scholarship fundraiser video, and/or on the Preschool's website. **Names will never be included with these photographs.** **Yes ___ No ___**

I understand I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. In the event I cannot be reached, I give authorization to the attending physician and any hospital to which my child is taken, to administer any emergency or other treatment said physician recommends. If time permits, the attending physician will be requested to contact the family physician, named above, for consultation regarding treatment of my child.

I understand that neither Colonial Presbyterian Church nor Colonial Preschool have qualified medical personnel on their staff. I do not expect anyone to provide medical evaluation or treatment for a medical condition of my child, other than following necessary dietary requirements. Therefore, I hereby waive and release all personnel of the Church and Preschool listed above from liability for any cause or claim relating to any pre-existing medical condition and/or treatment of my child.

I understand that Colonial Preschool:

- as a licensed-exempt facility in the state of Missouri, fully complies with and has annual inspections regarding safety, fire, health and sanitation.
- complies with MCSR 30-60.010-120: admission policy shall be non-discriminatory in regard to race, color, religion, national origin, ancestry, physical handicap, or sex.
- may cancel classes with less than ten children. (You will be notified immediately.)

Signature of Parent/Guardian _____ **Check if e-signature** _____ **Date** _____