



12501 W. 135<sup>th</sup> St., Overland Park, KS 66221 816-501-3917  
Quivira Campus—Enrollment Form 2012-2013

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone with Area Code \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

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 problems 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 recent move, death, separation,

serious illness, recent divorce? Yes or No If yes, please explain: \_\_\_\_\_

Where will child attend Kindergarten? \_\_\_\_\_

School District \_\_\_\_\_

# Colonial Preschool and CDC Quivira Campus—Enrollment Agreement

Child's Name \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

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 once my child's placement is accepted, the enrollment fee is non-refundable for any reason, and that I will owe nine tuition payments with September's tuition due August 1<sup>st</sup> and the remaining months of October through May due no later than the 8<sup>th</sup> 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 reduction 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 Kansas*, 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 form, and signed medical record form.

- I give consent for our names, address, phone number and email to be distributed to parents in my child's class on a class roster. Yes \_\_\_ No \_\_\_
- I give consent for my child to receive screenings authorized and/or administered by Colonial Preschool. Yes \_\_\_ No \_\_\_
- I give consent for my child to use all of the play equipment and participate in all of the activities connected with the program. 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 to be photographed for classroom purposes. Yes \_\_\_ No \_\_\_
- I give consent for my child's photograph to be used for the purpose of publications and/or on the church's internet website. 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 guidelines. 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 and CDC:

- as a licensed facility in the state of Kansas, fully complies with and has annual inspections regarding safety, fire, health and sanitation.
- 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.

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