

CLAIRMONT PRESBYTERIAN KINDERGARTEN

Registration Form - 2022 - 2023

Child's Name: _____ Prefers to be called: _____
Sex: _____ Birth date(m/d/y): _____ Phone: (_____) _____
Address: _____ City: _____ State: _____ Zip: _____
Fathers Name: _____ Occupation: _____ Phone: _____
email: _____ Cell Phone: _____
Mother's Name: _____ Occupation: _____ Phone: _____
email: _____ Cell Phone: _____

Household Member(s):

___ mother ___ father ___ grandparent(s) (names): _____
___ brother(s) (names, ages): _____
___ sister(s) (names, ages): _____
___ others-(names/relationship) _____ pets-(type/names): _____
Church membership - mother: _____ father: _____
Have you had your child enrolled in this school previously? _____
Emergency Contact: _____
Name: _____ Phone(_____) _____
Name: _____ Phone(_____) _____
Physician: _____ Phone(_____) _____

About the Child

Special interest, activities: _____
Former playground/school experience: _____ Sunday School? _____
Difficulties with: speech? _____ hearing? _____ vision? _____
Other physical problems? _____ allergies? _____
Specific fears? _____

Please tell us anything else you think might help us to know your child better, become friends more quickly, and help him/her have a happy, learning, growing time at school. _____

I hereby register my child in the Clairmont Presbyterian Kindergarten for the 2022-2023 school year and enclose the registration fee of \$200 for the 1st child, \$150 for each additional child: the 5 year class also has a \$75 book fee (*due with registration fee*). Registration fee is **NOT** refundable. **I understand I am registering for the entire school year** and my child's tuition is divided into nine equal monthly payments as listed below. **The first payment is due June 1, 2022 (non-refundable). The second payment is due September 1, 2022 (non-refundable).**

PLEASE CHECK ONE:

- Five year old class
- Four year old class
- Three year old class
- Three year old class
- Two year old class
- Two year old class

All classes meet: 8:45 - 11:45 a.m.

	Per Month
5 days, Mon-Fri	\$380
4 days, Mon-Thurs	\$335
3 days, Mon/Wed/Fri	\$290
2 days, Tues/Thurs	\$245
2 days, Mon/Wed	\$245
2 days, Tues/Thurs	\$245

I give permission for my address and number to be printed in the Clairmont Presbyterian Kindergarten Directory.

I do not want my address and number to be printed in the Clairmont Presbyterian Kindergarten Directory.

Signature: _____ Date: _____



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CARPOOL INFORMATION

Children in your carpool:

Name Class (i.e. 2 yr., 3 yr., 4 yr., or 5 yr.):

Give any special transportation arrangements and names of people who are allowed to pick up your child other than yourself.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

PERMISSION FOR EMERGENCY MEDICAL CARE

I grant permission to the Clairmont Presbyterian Kindergarten staff to take whatever emergency measures are necessary for the care and protection of my child, while under the supervision of the program.

In case my child becomes injured or ill, I understand that the following emergency contact will be made: (Please list any names and phone numbers you wish us to contact.)

Name: _____ Phone: _____

Name: _____ Phone: _____

I grant permission for the staff to administer Children’s Tylenol to my child (dosage according to the child’s age or weight) in the case of high fever, if the parent cannot be reached to immediately pick up the child.

Please list any medical information we should know about your child, such as allergies, medical conditions, etc.

I hereby authorize Clairmont Presbyterian Kindergarten to act on my behalf in case of emergency.

Name of Child: _____

Child’s Physician: _____ Phone: _____