

For Internal Use Only:

Pre-K\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration\_\_\_\_\_\_\_\_\_

Check #\_\_\_\_\_\_\_\_\_\_\_

Enrollment Form 2021-2022

3937 Holly Drive

Palm Beach Gardens, FL 33410

* + 1. [www.citgschool.org](http://www.citgschool.org)

**Child’s** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_ Present Age: \_\_\_\_\_ Gender: M / F

Child’s Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Ethnicity\_\_\_\_\_\_\_\_

**Mother’s** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies,** **health or physical problems** **we should be aware of?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any concerns in regards to your child’s development? **(Speech, motor, social or behavioral etc.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person(s), other than parent, authorized to call in case of an emergency and/or to pick up your child:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fees: [ ] $350.00 *Fees are per child and NON-REFUNDABLE*. Not applicable for (9:00am-12:00pm) VPK students. PLEASE CIRCLE APPLICABLE TUITION BELOW All tuition is based on 10 monthly payments (August through May)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age Group | Academic Program**Mon -Fri** Toddlers-PreK3 8:30am-12pmVPK 9:00AM-12:00PM | Academic Program**3 Days****M-W-F** 8:30am-12pm | Academic Program**2 Days****Tues-Thurs** 8:30am-12pm | **M-F****7am - 2pm** | **M-F****7am - 6pm** |
| **Toddlers** | **$580.00** | **$400.00** | **$340.00** | **$870.00** | **$1000.00** |
| **T:3 Days** | **N/A** | **N/A** | **N/A** | **$478.00** | **$652.00** |
| **T:2 Days** | **N/A** | **N/A** | **N/A** | **$392.00** | **$508.00** |
| **Pre-K 2** | **$570.00** | **N/A** | **N/A** |  **$840.00** | **$1000.00** |
| **Pre-K 3** | **$560.00** | **N/A** | **N/A** | **$840.00** | **$1000.00** |
| **VPK 4** | **FREE** | **N/A** | **N/A** | **$450.00** | **$750.00** |

**\*A $10 per hour Getaway Fee will apply for late pick-up before 6pm. After 6pm, there will be a $1 per minute fee. A phone call notifying the school of late pick up is required.**

Has your child previously attended preschool or daycare? If yes, where**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All **VPK & PK3** children must be **COMPLETELY** toilet trained. Please bring change of clothes for accidents.

Please list words used by your child when going potty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family status: { } Married { } Divorced { } Separated { } Single Parent { } Widowed

Person(s) child lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Custody: Both Parents { } Mother { } Father { } Other Relation { } Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Custody/Visiting Arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Copy of Custody/Legal Papers must be on file at school.**

Sibling’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Sibling’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Sibling’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Sibling’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

Is your child adopted? If yes, list age at adoption and whether or not they know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any medication(s) regularly? If yes, please list medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have special dietary requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Good Eater \_\_\_\_\_Picky Eater\_\_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any religious training your child has received (Sunday school, family devotions, prayer, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What, if any, is your Religious Affiliation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have a church home? If Yes, Church Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like information about our Church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before my child starts school I agree to provide the school with the following:**

1. Your child’s current original Physical and Immunization Medical Records
2. Copy of your child’s birth certificate
3. All signed acknowledgements attached to handbook
4. A signed VPK vouchers (VPK students only)

**EMERGENCY CONSENT**

**Article XII, B, 1, PBC Rules requires the parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if parents cannot be reached. I AUTHORIZE FOR CHURCH IN THE GARDENS PRESCHOOL STAFF TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD AND THAT IF IT IS NECESSARY TO TRANSPORT MY CHILD BY AMBULANCE I AM RESPONSIBLE FOR THESE SERVICES.**

**I attest that the all the information provided is accurate and take full responsibility for tuition payments**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Parent/Legal Guardian Name (please print)** **Signature** Date

***Our mission here at Church in the Gardens Preschool is to team up with parents to provide a safe, loving, and nurturing environment where children can find joy in learning and grow in God’s word.***