



Enrollment Form – Summer Camp 2022

3937 Holly Drive
 Palm Beach Gardens, FL 33410
 561-622-3398 www.citgschool.org

Check Boxes Below:
 Group: _____
 Weeks of:
 June 6th
 June 13th
 June 20th
 June 27th
 July 5th
 July 11th
 July 18th
 July 25th
 Registration: _____

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: _____

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Registration Fees: [] \$25 per week , **OR** [] \$100 for 4 or more weeks *Fees are per child and NON-REFUNDABLE.*
 PLEASE CIRCLE APPLICABLE WEEKLY TUITION SCHEDULE BELOW

<u>Age Group</u>	Mon -Fri 8:00am-12:00pm	Mon-Fri 8:00am-2:00pm	Mon-Fri 8:00am-5:00pm
Toddlers	\$200	\$270	\$300
Pre-K 2	\$200	\$270	\$300
Pre-K 3/4	\$200	\$270	\$300
K-2nd Grade	\$200	\$270	\$300

***There will be a \$10 fee per each hour a child stays past their scheduled pick up time.**

Has your child previously attended preschool or daycare? If yes, where: _____

Is your child potty trained: { } Yes { } No

All children ages 3 and older must be **COMPLETELY** toilet trained. Please bring a 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: _____

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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) Influenza Form

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.