

Enrollmen

Paln 561-62

t Form – Summer Camp 2023	☐ July 10 th ☐ July 17 th
3937 Holly Drive	☐ July 24 th
n Beach Gardens, FL 33410	Registration:
2-3398 www.citgschool.org	Date:

Check Boxes Below:

Group: Weeks of: ☐ June 5th ☐ June 12th ☐ June 19th ☐ June 26th ☐ July 3rd

Child's Name:	Birth Date:	Present Age: Gender: M / F		
Child's Nickname:	Child's Primary Language	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 physic	al problems we should be aware of? _			
Do you have any concerns i	n regards to your child's development?	(Speech, motor, social or behavioral etc.)		
Person(s), other than pare	ent, authorized to call in case of an en	nergency and/or to pick up your child:		
Name:	Phone:	Relation to child:		
Name:	Phone:	Relation to child:		
Name:	Phone:	Relation to child:		

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

Age Group	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-1 st Grade	\$200	\$270	\$300

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

Parent/Legal Guardian Name (pleas	se print)	Signature	Date
I attest that all the information provide	ed is accurate a	nd I take full responsibility	for tuition payments.
NUTRITION PLAN : I agree to provid No Peanut Policy.	le meals that me	eet my child's nutritional need	s. Church in the Gardens Preschool has
EMERGENCY CONSENT Article XII, B, 1, PBC Rules requires the CARE in the event of serious illness or THE GARDENS PRESCHOOL STAFFIF IT IS NECESSARY TO TRANSPOL SERVICES.	accident and if F TO OBTAIN	parents cannot be reached. EMERGENCY MEDICAL	I AUTHORIZE FOR CHURCH IN CARE FOR MY CHILD AND THAT
Before my child starts school I agree (1) Your child's current original Phy (2) Copy of your child's birth certifi (3) All signed acknowledgements at (4) Influenza Form (5) Know your Child Care Facility	sical and Imm	unization Medical Records	S
Would you like information about our	Church?		
Do you currently have a church home	? If Yes, Churc	ch Name	
What, if any, is your Religious Affiliat	tion?		
Please list any religious training your			
Does your child have any special fears			
Child's Physician:			
Does your child take any medication(s	s) regularly? If	yes, please list medications	3:
Is your child adopted? If yes, list age a	at adoption and	d whether or not they know	(
Sibling's Name:			
Sibling's Name:			
Custody/Visiting Arrangements:			
Legal Custody: Both Parents { }			
Person(s) child lives with:	` ' -		
Family status: { } Married { } Divo			
Please list words used by your child w		_	
Has your child previously attended previously			
Hag your shild marrianaler attands 1	agahaal am da	oorol If was whomas	