

Creative Connection Preschool

9300 Nels Nelson Rd. NW

Bremerton, WA 98311

(360)698-2646 preschool@ckpc.org

Reg. Fee \$ _____ Ck. # _____

Sept. Tuition \$ _____ Ck. # _____

Referral _____

Application for Preschool Enrollment

Child's Name _____ Nick Name _____

Birth Date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell# _____

Email Address _____

() Check here if you DO NOT want your address and phone number included on class lists that we make available to other parents.

() Check here if you DO NOT want your child's photo used in slide show presentations or on our internet site. (No names are used)

Parent's Name _____ Work Place _____

Work # _____

_____ Work Place _____

Work # _____

Names and ages of other children in the family _____

Transportation Authorization For your child's safety, ONLY those people listed will be allowed to pick up your child unless written permission is given to the Director.

Church Home _____

Child's Previous Preschool Experience _____

Special Restrictions or Concerns _____

How did you learn about Creative Connection? _____

Preschool Classes and Tuition Fees:

| | | |
|---|------------|-----------------------------------|
| _____ Registration Fee (non-refundable) | | \$75 due at time of registration |
| _____ T/Th | 9:00-11:30 | (\$1710 annually/\$190 per month) |
| _____ MWF | 9:00-11:30 | (\$1980 annually/\$220 per month) |
| _____ Morning Pre-K | 8:45-11:15 | (\$2250 annually/\$250 per month) |
| _____ Afternoon Pre-K | 12:30-3:00 | (\$2250 annually/\$250 per month) |

If you refer a new family to Creative Connection and they enroll in our program, you will receive a credit of \$25 off one month's tuition. Your account will be credited once the new family has enrolled and paid their 1st month's tuition.

*New family referrals only. No more than 3 referral credits per month/account.

*Please remit this form with the non-refundable registration fee to reserve a spot for your child. Payment for **September's Tuition is Due by May 31st**. Payment for tuition is collected on a monthly basis for the following month with the exception of September's tuition, which is due by May 31st (i.e. you will pay for October's tuition the first of September, etc.). Payment received after the 10th of the month will incur a late fee of \$10.00, unless prior arrangements have been made with the Director. One month advanced notice is requested to withdraw your child from our program. Failure to provide proper notice will result in relinquishment of the next month's tuition. Creative Connection Preschool is a non-profit organization. Tuition and fees go directly to salaries and supplies.*

Personal Objectives for your Child

Please briefly state your objectives for your child while they are in *Creative Connection Preschool*. Provide general information concerning your child.

Non-discrimination policy: Creative Connection Preschool & Kindergarten does not discriminate on the basis of sex, race, color, religion, nationality, ethnic origin, or handicap/disability in its enrollment practices.

Emergency and Medical Form

Student's Name _____

Emergency Numbers (In case you cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctors

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Insurance Company _____ Policy # _____

Allergies and Medical Conditions

List specific allergies (If none, please state "none")

Food _____

Medicine _____

List specific medical conditions (If none, please state "none")

Immunizations: *Creative Connection* is required to have completed immunization records for each enrolled student. Additionally, each student is to be completely up to date on immunizations before they may begin school.

In Case of Emergency: In the case of an accident, allergic reaction or serious illness, and the school is unable to contact me, I hereby authorize the school to contact the physician indicated above and to follow their instructions. If it is impossible to contact the physician in a timely manner, the school may make whatever arrangements reasonably necessary to protect the health of my child (e.g. ambulance service).

Parent/Guardian _____ Date _____