

# Creative Connection Kindergarten

9300 Nels Nelson Rd. NW

Bremerton, WA 98311

(360)698-2646 [preschool@ckpc.org](mailto:preschool@ckpc.org)

Reg. Fee \$ \_\_\_\_\_ Ck. # \_\_\_\_\_

Sept. Tuition \$ \_\_\_\_\_ Ck.# \_\_\_\_\_

Referrals \_\_\_\_\_

## **Application for Kindergarten Enrollment**

Child's 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? \_\_\_\_\_

Tuition Fees

Kindergarten: \_\_\_\_\_ Registration Fee (\$75.00 non-refundable)

\_\_\_\_\_ 9:15-1:15 (M-F) (\$4650 annually/\$465 per month)

\*Payments for 10 months – Sept.-June

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 1<sup>st</sup> month's tuition.

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

*Please remit this form with a non-refundable registration fee of \$75.00 to reserve a spot for your child. Payment for **September's Tuition is Due by May 31<sup>st</sup>**. 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 31<sup>st</sup> (i.e. you will pay for October's tuition the first of September, etc.). Payment received after the 10<sup>th</sup> 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 in writing to withdraw your child from our program. Failure to provide proper notice will result in relinquishment of the next month's tuition. Creative Connection 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* Kindergarten. Provide general information concerning your child.

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**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 \_\_\_\_\_