



Kiddie Kollege Preschool

A Ministry of the Winona Lake Free Methodist Church
902 College Avenue, Winona Lake, IN 46590
Phone 267-7260

Circle appropriate age & class:

***T, W, Th AM Toddler Class**

Child must be 2 by August 1st to be eligible for the upcoming school year.

***AM Preschool Class**

Child must be toilet trained and at least 3 by August 1st to be eligible for the upcoming school year.

***AM Pre-Kindergarten Class**

Child must be toilet trained and at least 4 by August 1st to be eligible for the upcoming school year.

(We reserve the right to combine classes based on enrollment)

Please indicate your choice of class days (circle):

Monday Tuesday Wednesday Thursday Friday

Name of Child: _____ \ _____ Date of Birth: _____
 First Middle Last Nickname
 Address: _____ Current Age: _____
 City/State: _____ Zip: _____ Phone: _____

E-mail address _____

Father's Name: _____ Address: _____ Phone: _____

Father's Employer: _____ Work Phone: _____ Full or Part time: _____

Mother's Name: _____ Address: _____ Phone: _____

Mother's Employer: _____ Work Phone: _____ Full or Part time: _____

Parents are: Married [] Separated [] Divorced [] Single []

Who is allowed to pick up your child? _____

Who is not allowed to pick up your child? _____

Arrangements for child's care: _____ Phone: _____

Names of adults in household and relationship to child: _____

Other children of the household are:

<u>Name</u>	<u>Date of Birth*</u>	<u>Relationship</u>	<u>Name</u>	<u>Date of Birth*</u>	<u>Relationship</u>
1.			4.		
2.			5.		
3.			6.		

Please indicate below two persons who may be **contacted in an emergency** other than parents or a doctor:

1. _____ Phone: _____
 2. _____ Phone: _____

Information Regarding Child (Please answer as completely as possible).

1. Physician: _____ Phone: _____

2. Allergies: _____

3. Medications: _____

Dosage: _____

Schedule: _____

4. Does your child have any physical problems? _____

5. Is there any other information of which our staff should be made aware? (Toilet habits, any area of anticipated difficulty for your child)

6. Are there recent events in the family that we should know about such as the death of a family member or a recent move?

7. How do you discipline your child? _____

8. Please list other schools your child has attended or is attending. Was this experience enjoyable, and if not, why?

9. I give permission for _____ (child's name) to be photographed and my permission for his or her picture to be published in a newspaper, used for television or church's directory.

10. How did you find out about Kiddie Kollege Preschool? _____

11. Do you currently have a church that your family regularly attends? _____

12. Would you like to serve as a parent volunteer in the classroom? _____

13. I give my permission for _____ to go on field trips, if I have forgotten to send in the permission slip.

TUITION INFORMATION: Please circle the appropriate monthly cost:

3 days \$75/month

Two Yr. Olds \$80/month

4 days \$85/month

5 days \$95/month

10% discount to second sibling when 2 in same household are enrolled at same time.

The monthly tuition fee is to be paid to the mailbox in the Kiddie Kollege hallway or to the church office by the first of each month.

Registration Fee: The \$30 registration fee is due at time of registration. This is non-refundable.

Snack/Equipment Fee: \$35 for those attending 3 days per week, \$40 for 4 days, and \$45 for those attending 5 days.

I agree with these terms, and I agree to provide prompt payment to the Kiddie Kollege Preschool. I also agree to notify the school immediately of any withdrawal of above student.

The Kiddie Kollege Preschool of the Winona Lake Free Methodist Church has my permission to seek medical treatment for _____ (child's name) as prescribed by a doctor or EMT.

Parent or Guardian Signature _____ Date: _____

Office Use Only: **Registration** Received date _____ amount _____ September tuition date _____ amount _____

Snack/Equip Fee Received date _____ amount _____