

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 _____