

2022-2023

NAME:	BIRTHDAY:	
PARENT NAME:		
ADDRESS:		
E-MAIL ADDRESS:		
SPECIAL INFO:		
ENROLLMENT DATE:	START DATE	:
CLASS PREFERENCE:		
Reg. Fee	Contact List	Enrollment packet



EMERGENCY CONTACT CARD 2022-2023

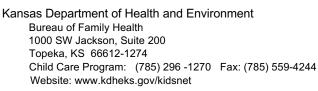
Child's Name:	Date:	
Dad's Name:	Mom's Name:	_
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Cell Phone:	Cell Phone:	
Emergency Contact:	Phone Number:	_
Relationship to Child:		_
	Revised 06	/21

EMERGENCY CONTACT CARD (CONT'D) 2022-2023

Child's Name:	
Persons	Authorized to Pick up my Child*
Name:	Phone Number:

*Anyone on this list must have a security code.

Revised 06/21





AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4582(e)(2).

Name of facility exactly as stated on the license.		License #
Central Community Preschool		0000430-014
I authorize <u>any Central Community Preschool staff member an</u> the above-named facility to give consent for any and all neces (child's first and		my child or youth
September 1, 2022 and August 31, 2023 MM/DD/YYYY MM/DD/YYY	, <u>-</u>	
Is child covered by health insurance? Yes No		
If yes, complete the following: Health Insurance Policy Name Medical Assistance Program Military Medical Care I.D. Number	Card Num	mber ber
If known, date of last Tetanus inoculation:		
MI List any known allergies or other information about the m emergency:		r youth pertinent in case of
Signature of Parent or Guardian		Date Signed
Witness to Parent's or Guardian's signature if required b	by the local hospital or clinic	Date Signed
Notarization of Parent's or Guardian's signature if require		
State of Kansas County of		
Signed or attested before me on	_ by Name of Person	·
(Seal, if any.)		
	Signature of notarial officer	
	Title (and Rank)	
	My appointment expires:	

The medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



Central Community Preschool Financial Agreement

There is a one-time **\$75.00** enrollment fee due upon enrollment to secure your child's spot. Child must attend on the first day of school (or on the agreed start date, if starting mid-year), or the enrollment fee and the place in the program will be forfeited. Enrollment fees are nonrefundable and will not be applied towards tuition. Tuition is as follows (please circle one):

Morning Sessions: 8:45 am-11:45 am Afternoon Sessions: 12:30 pm-3:30 pm

2 sessions a week: \$130.00 per month 3 sessions a week: \$160.00 per month 5 sessions a week: \$250.00 per month

Payments are due on the first week day of each month, September-May. If arrangements are not made to take care of your outstanding balance, your child may not return to school.

Tuition payments must be made through auto draft. All payments received are applied to previous balances.

There will be a \$15.00 charge on all returned auto drafts and the amount must be paid with **cash** or **cashier's check**.

Withdrawal Policy

If you plan to withdraw your child from Central Community Preschool, we must have a written notice two weeks prior to your child's last day. **If we receive no notice, you will be charged for two weeks.** All balances must be paid in full by the child's last day. Any unpaid balances will be sent to collections.

By signing below, I acknowledge that I have read and understand this agreement and agree to pay as stated above.

Child's Name:	Child's Start Date:
Parent/Guardian Signature:	Date:
Preschool Session (Day/Time):	
CCP Program Director Signature:	

Authorization for Automatic Bank Draft 2022-2023

Company Name: Central Community Preschool/Central Community Church

I (we) hereby authorize <u>Central Community Preschool/Central Community Church</u> to initiate debit entries to my (our) Select one:

() Checking or

() Savings account

indicated below at the depository financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. If payment is rejected due to non-sufficient funds, cashier's check or cash payment is required for that month and a \$15.00 administrative fee will be applied.

**Financial	Institution Name	

Account #	Routing/ABA #	
**Attach a voided check to this form.	1	

Frequency:

<u>9 Auto withdrawals</u> Thursday, September 1, 2022 Monday, October 3, 2022 Tuesday, November 1, 2022 Thursday, December 1, 2022 Monday, January 2, 2023 Wednesday, February 1, 2023 Wednesday, March 1, 2023 Monday, April 3, 2023 Monday, May 1, 2023

Child's Name:

Teacher & Class Session: _____

Central Community Preschool Payment Amount: \$______

This authorization is to remain in full force and effect until **Central Community Preschool/Central Community Church** has received written notification of its termination in such time and manner as to allow **CCP/CCC** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it, or until the last day of CCP 2022-2023 School Year, which is May 12, 2023.

NAME	DATE	
SIGNATURE		



Photo and Video Release

2022-2023

Child's Name: ______ Child's Teacher: _____

Parent(s) Names: ______

Please check below:

_____ I give permission to Central Community Preschool to take photographs or video of my child, which may be used on the preschool website, Facebook or Instagram pages.*

_____ I DO NOT give permission to Central Community Preschool to take photographs or video of my child, which may be used on the preschool website, Facebook, or Instagram pages.

*Children will not be mentioned by name

Parent or Guardian Signature _____

Date _____