



2024-2025

CHILD'S NAME: _____ BIRTHDAY: _____ AGE ON 9/3/24: _____

PARENT NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

SPECIAL INFO: _____

ENROLLMENT DATE: _____ START DATE (Fall/Spring): _____

SESSION PREFERENCE (Days & Times): _____

TEACHER PREFERENCE: _____

Reg. Fee Contact List School District: _____



Photo and Video Release

2024-2025

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

Parent(s) Name(s): _____

*Please check below for the **PUBLIC WEBSITE PAGES:***

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

*Children will not be mentioned by name

*Please check below for the **PRIVATE CLASSROOM FACEBOOK PAGES:***

_____ I give permission to Central Community Preschool to take photographs or video of my child, which may be used on the private classroom Facebook page and for the Christmas and Spring Program Concerts.

_____ I DO NOT give permission to Central Community Preschool to take photographs or video of my child, which may be used on the private classroom Facebook page and for the Christmas and Spring Program Concerts.

Parent/Guardian Signature _____ Date _____



EMERGENCY CONTACT CARD 2024-2025

Child's Name: _____

Dad's Name: _____ Mom's Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Child: _____

****PLEASE FILL OUT BOTH SIDES OF THIS FORM**

Revised 12/22

EMERGENCY CONTACT CARD 2024-2025

Child's Name: _____

Contact Name	Phone Number	Relationship to Child
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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***Anyone on this list must be on the access code form**

****PLEASE FILL OUT BOTH SIDES OF THIS FORM**

Revised 12/22



Central Community Preschool Financial Agreement

There is a one-time **\$100.00** enrollment fee due upon enrollment to secure your child's spot. Enrollment fees are non-refundable and will not be applied towards tuition. Tuition is as follows (please check 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 unless other arrangements have been made with the office. 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: _____

Parent/Guardian Signature: _____ Date: _____

Preschool Session (Day/Time): _____

CCP Program Director Signature: _____

Authorization for Automatic Bank Draft 2024-2025

Company Name: Central Community Preschool/Central Community Church

I (we) hereby authorize **Central Community Preschool/Central Community Church** to initiate debit entries to my (our) **Select One:**

() Checking Account

() 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** _____

Routing Number: _____ **Account Number:** _____

****Attach a voided check to this form**

Frequency:

9 Auto withdrawals:

Tuesday, September 3, 2024

Tuesday, October 1, 2024

Friday, November 1, 2024

Monday, December 2, 2024

Thursday, January 2, 2025

Monday, February 3, 2025

Monday, March 3, 2025

Tuesday, April 1, 2025

Thursday, May 1, 2025

Child's Name: _____

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's 2024-2025 school year.

Name _____ Date _____

Signature _____



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 any Central Community Preschool staff member and/or Mariah Baughman (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between September 1, 2024 and August 31, 2025.
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic	Date Signed
--	--------------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas
County of _____

Signed or attested before me on _____ by _____
MM/DD/YYYY 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.