



2021-2022

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SPECIAL INFO: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_ START DATE: \_\_\_\_\_

CLASS PREFERENCE: \_\_\_\_\_

Reg. Fee

Contact List

Handbook

Enrollment packet



## EMERGENCY CONTACT CARD 2021-2022

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 12/20

## EMERGENCY CONTACT CARD (CONT'D) 2021-2022

Child's Name: \_\_\_\_\_

### Persons Authorized to Pick up my Child\*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*Anyone on this list must have a security code.

Revised 12/20



**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).

<b>Name of facility exactly as stated on the license.</b>	<b>License #</b>
<b>Central Community Preschool</b>	<b>0000430-013</b>

I authorize any Central Community Preschool staff member and/or Jessica Fisher(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

September 1, 2021 and August 31, 2022 (child's first and last name) while child or youth is in the facility's custody between  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Signature of Parent or Guardian</b>	<b>Date Signed</b>
--	--------------------

<b>Witness to Parent's or Guardian's signature if required by the local hospital or clinic</b>	<b>Date Signed</b>
--	--------------------

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.



## 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 non-refundable 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: \$105.00 per month**  
**3 sessions a week: \$130.00 per month**  
**5 sessions a week: \$200.00 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 2021-2022

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 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.**

### Frequency:

9 Auto withdrawals

Wednesday, September 1, 2021

Friday, October 1, 2021

Monday, November 1, 2021

Wednesday, December 1, 2021

Monday, January 3, 2022

Tuesday, February 1, 2022

Tuesday, March 1, 2022

Friday, April 1, 2022

Monday, May 2, 2022

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 2021-2022 School Year, which is May 13, 2022.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_



## Photo and Video Release

**2021-2022**

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 \_\_\_\_\_