



Cross of Christ Preschool

Thank you for your interest in Cross of Christ Preschool. We hope the enclosed information will aid you in choosing a preschool program for your child.

In this packet you will find a registration form, a medical form, a financial agreement, opt-out forms for photos and directories, the Cross of Christ Preschool handbook, and other authorization forms. The fee schedule is found in the handbook and tuition agreement form. Class dates and times are subject to change based on enrollment. Below is a checklist of our registration requirements. **All forms and registration fees must be included to register your child.**

Registration Requirements

- Your child must be three (3) years old before September 1st of the enrollment year.
- As a parent, have you verified: “Is Your Child Ready for Preschool” as described in the handbook?
- I have read, understand and agree to the policies outlined in the handbook.

X _____

Parent Signature (Please return this form with registration packet)

- Registration form
- Medical History form
- Consent for Medical Treatment/Medication Authorization form
- Financial agreement
- Photograph and Video Opt-out form
- Directory Opt-out form
- Copy of immunization records
- Handbook Agreement
- Annual registration fee of \$100.00 (check made payable to Cross of Christ Preschool)

Your application will be processed and you will be notified in a timely manner.

Cross of Christ Preschool
Registration Form for 2024-2025
PLEASE PRINT CLEARLY

	Full-Day	Half-Day
CLASSES REQUESTED:	MONDAY FULL (9-3:30)	AM (9-12:00) PM (12:30-3:30)
Please circle all that apply:	TUESDAY FULL (9-3:30)	AM (9-12:00) PM (12:30-3:30)
	WEDNESDAY FULL (9-3:30)	AM (9-12:00) PM (12:30-3:30)
	THURSDAY FULL (9-3:30)	AM (9-12:00) PM (12:30-3:30)
	FRIDAY FULL (9-3:30)	AM (9-12:00) PM (12:30-3:30)

Two (2) day minimum

About Your Child

Full Name _____ Male / Female
 First Middle Last (circle one)

Name Student Prefers _____ Date of Birth _____

Present Address _____
 Street City State Zip

Telephone Number _____ Previous School Experience _____

At what age was your child toilet trained? _____

About Your Family

Mother / Legal Guardian (1): Name _____

Address _____

Guardian's Home Telephone _____ Guardian's Cell Phone Number _____

Guardian's Work Telephone _____ Name of Employer _____

Father / Guardian (2) (if applicable): Name _____

Address (if different from above) _____

Guardian's Home Telephone _____ Guardia's Cell Phone Number _____

Guardian's Work Telephone _____ Name of Employer _____

Email (print clearly) _____

Please list other children in the family:

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Transportation

Your child will be allowed to leave ONLY with a parent/guardian or those listed below:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Are there custodial issues of which we should be aware? _____

Student's Daytime Caregiver's Name _____ Phone _____

Miscellaneous

How did you first hear about Cross of Christ Preschool? Please mark all that apply:

___ Family or Friend Referral (Name: _____)

___ Church sign

___ Website

___ Google

___ Other: _____

Current Church Affiliation:

Name of Church _____

Name of Pastor _____

___ Member

___ Attend Regularly

___ Attend Occasionally

___ Not a Member of a Church

Cross of Christ Preschool

Medical Form

2024-2025

Child's Name _____ Phone _____

Does your child have any of the following conditions:

- ❖ Allergies? **Y N**
_____ Food Please list: _____
_____ Medication Please list: _____
_____ Insect Sting Please list: _____
_____ Animals Please list: _____
- ❖ Dietary Restrictions? **Y N** Please list: _____
- ❖ Asthma? **Y N** Please list allergens: _____
- ❖ Prescribed Medication (such as an EpiPen or rescue inhaler) to treat conditions listed above? **Y N**

If so, you are required to provide the Preschool with a written protocol created by your child's doctor describing appropriate treatment for conditions listed above.

Physician _____ Phone _____

Dentist _____ Phone _____

Food cooked by another child's parent or guardian (on special occasions only)

I give my permission for the licensee or licensee's staff to:

Serve my child food prepared, cooked or baked at home by another child's parent or guardian (on special occasions only) ----- **Yes No**

In the event of an emergency, who can we notify other than the parents?

Are they on your transportation list? Y N

Name _____ Phone _____

Name _____ Phone _____

Is there any additional medical or physical information you would like to disclose about your child?

I certify this information is correct to the best of my knowledge.

In the event of an emergency, Cross of Christ Preschool has my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I also agree to pay all expenses incurred due to an emergency involving my child.

Father/Guardian

Date

Mother/Guardian

Date

Consent for Emergency Medical Treatment

As the parent or legal guardian, I give consent to the staff of Cross of Christ to provide emergency medical and/or dental care prescribed by a duly licensed physician for _____.

Child's name

This care may be given under whatever conditions necessary to preserve the life, limb or well being of the child named above.

Child has the following medications:

Allergies:

Doctor _____ Phone number _____

Dentist _____ Phone number _____

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to:

- Attempt to contact parent or guardian
- Attempt to contact the parent through any of the persons listed on the emergency information form
- Attempt to contact the child's physician
- Have the child taken to an emergency hospital in the company of a staff person
 - Any and all medical expenses will be the responsibility of the child's legal guardians

Parent or Authorized Representative Signature

Date

Home Phone

Cell Phone

Work Phone

Directory Opt-out Form

Every year, Cross of Christ preschool creates a class specific directory that is distributed only to the parents/guardians of children currently enrolled at Cross of Christ.

The directory is intended to help parents connect with one another outside of preschool, and aid in scheduling play dates or arranging a carpool. We kindly ask that you do not gather information from the directory for business purposes.

Please feel free to share as much or as little information as you would like.

_____ No thank you, I do not wish to be included in the directory.

_____ Please include the following information in the preschool directory:

Child's Name _____

Parent Name(s) _____

Address _____

Phone Number (s) _____

Email _____

Parent/Guardian Handbook Agreement

Cross of Christ believes the Bible is the infallible, divine Word of God. For this reason, we rely on the Bible as the basis of the Standards of Conduct adopted at our school (Matt. 22:37-39; Rom. 13:8-10; Gal. 5:14; I Peter 2:17; I Cor. 9:27).

Our responsibility as a Preschool is to provide an environment that gives all children the spiritual awareness, growth, and development necessary to become mature Christians. The standards in this handbook are a necessary part of achieving and maintaining this goal and therefore must be adhered to by each member of our Preschool.

To best promote the scholastic and spiritual development of all our students, the principles set forth are required by each child. The parents/legal guardians of every child enrolled at Cross of Christ are required to review the Cross of Christ Preschool Handbook. This handbook outlines the standards and policies of the Preschool. **This Handbook Agreement must be signed by the Child's Mother/Father/Legal Guardian and returned to the Director or front office before the first day of school.** No student will be permitted to continue his or her attendance at Cross of Christ Preschool without returning this completed form.

I have read, understood, and agree to the policies, procedures and guidelines outlined in this Cross of Christ Preschool Handbook.

Mother/Father/Legal Guardian must sign and return

Student Name _____ (Please Print)

Mother/Legal Guardian (1) Signature _____ Date _____

Father/Legal Guardian (2) Signature _____ Date _____

Photo Opt-out Form

During the 2024-2025 school year, pictures of your student may be taken by Cross of Christ Preschool staff while in the classroom or on field trips. These images are precious and would be an excellent addition to our future advertising efforts.

Your signature below indicates permission for your child's picture to be used in the future promotion of the preschool on our school website and other electronic media, bulk mailings and/or on the bulletin board in the lobby of Cross of Christ. Please note that no personal identifying information will be attached to any images.

If you have any questions, please don't hesitate to contact us.

Thank you,

Cross of Christ Preschool Board

Please initial one of the following:

_____ I give my authorization for Cross of Christ Preschool to use photographs of my child in future multi-media promotions or displays on the premises of Cross of Christ Lutheran Church.

_____ **I DO NOT** give my authorization for Cross of Christ Preschool to use photographs of my child in future multi-media promotions or displays on the premises of Cross of Christ Lutheran Church.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Child's Name: _____

Date: ____ / ____ / ____

Cross of Christ Preschool

Financial Agreement

2024-2025

Full-Day		Half-Day	
MONDAY	FULL (9-3:30)	AM (9-12:00)	PM (12:30-3:30)
TUESDAY	FULL (9-3:30)	AM (9-12:00)	PM (12:30-3:30)
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THURSDAY	FULL (9-3:30)	AM (9-12:00)	PM (12:30-3:30)
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Two (2) day minimum

**PLEASE CIRCLE WHICH DAYS YOUR CHILD WILL BE ATTENDING AND
IF THEY WILL ATTEND A FULL OR HALF DAY**

Name of Person financially responsible for student _____

Address (if other than student) _____

Street City State Zip Phone

Payment Plan Desired: _____ Full payment
_____ Monthly payments (1st & last months due September 1)

Name of Person making monthly or full payment: _____

Cross of Christ Preschool does not wish to turn away any student due to tuition problems. Parents are encouraged to communicate in writing if difficulties arise with this financial agreement. All inquiries will be considered during regularly scheduled Preschool Board meetings.

All tuition policies outlined on this page are stated in the Cross of Christ Preschool handbook.

We have read the stated tuition policies and agree to them.

Student's Name

Date

Responsible Party/Parent Signature

Responsible Party/Parent Signature