



ROYAL PALM CHRISTIAN PRESCHOOL
9600 Royal Palm Blvd.
Coral Springs, FL 33065
954-753-2445
Fax 954-753-2356

APPLICATION FOR PRESCHOOL REGISTRATION

FOR OFFICE USE ONLY: Class _____ FT/P T _____ Start Date _____
 Amt. Pd. _____ CK# _____ #3040 #680 _____

PLEASE COMPLETE ALL INFORMATION REQUESTED
REGISTRATION FEE DUE WITH REGISTRATION PAPERS
MEDICAL FORMS MUST BE SUBMITTED BEFORE BEGINNING SCHOOL

APPLICATION DATE: _____

Child's Name: First _____ Last _____ Male/Female _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Race _____ Language Spoken in Home _____

Toilet Trained*: _____

* If not potty trained, a child entering a full time care, 3 year old class will be charged the 2 year old price.

Referred By: _____ or How did you hear about us? _____

Morning Preschool 9 a.m.-12 p.m. _____ OR Full-Time Care 7:30 a.m.-5:00 p.m. _____

	3's	2's	Toddlers
	<u>(9/2/17 – 9/1/18)</u>	<u>(9/2/18 – 9/1/19)</u>	<u>(12 – 24 mos.)</u>
5 Day	_____	_____	_____
4 Day- Monday-Thursday or Tuesday-Friday	_____	_____	_____
3 Day- Monday, Wednesday, Friday	_____	_____	_____
2 Day- Tuesday, Thursday	_____	_____	_____

If unable to choose the days designated for 3 day or 2 day due to work constraints, please indicate your desired days, and we will do our best to accommodate your schedule.

PARENT GUARDIAN INFORMATION:

Child lives with: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Mother's Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ ZipCode _____

Cell Phone _____ E-mail Address _____

Occupation _____ Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip Code _____

Authorized to pick up child? Yes _____ No _____

Father's Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ ZipCode _____

Cell Phone _____ E-mail Address _____

Occupation _____ Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip Code _____

Authorized to pick up child? Yes _____ No _____

PHYSICAL & HEALTH INFORMATION:

Child's Physician: Name _____ Phone _____

Please indicate any allergies, frequent illnesses and/or dietary restrictions _____

OTHER GENERAL INFORMATION:

Helpful Information About Child (Fears, Culture, Home Life, Additional Caregivers, Illness, Recent Death in Family, etc):

Sisters and Brothers Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Previous Preschool or Play Groups _____

If your family attends religious services, where do you choose to worship? _____

EMERGENCY CONTACT & PICKUP AUTHORIZATION:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

In order to facilitate release of your child in the event no authorized person is available, it will be necessary for you to complete the bottom section of this memo and return it immediately. **Please choose a simple password for your child.** If it becomes necessary for you to have your child picked up by a person not listed on the registration form, you will have to call the school, use your password, and give the authorized name of person to pick up your child. This person will have to show a picture I.D. in order for us to release your child.

I _____ choose _____ as the password I will use to
(your name) (password)

identify myself in the event it becomes necessary for my child _____

to be picked up by a person not listed on the Registration form. I understand that the person picking up my child will be required to present picture I.D.

Parent Signature

EMERGENCY MEDICAL TREATMENT POLICY
(Separate notarized form required for authorization)

I give my consent for the child care personnel at Royal Palm Christian Preschool to have access to my child's records that I am submitting for enrollment.

Signature

PARENT TUITION AGREEMENT
2021-22 SCHOOL YEAR

PART-TIME TUITION AND LATE FEE POLICY

Your child's tuition payment is a balanced payment over the ten months beginning in August thru May. **The first payment is due in August. We must have your payment by Orientation Day to begin school the following day.** Beginning in September and each month thereafter, the payments are due on the first of the month. A late fee of \$25 will be assessed after the fifth of the month unless prior arrangements for payment were arranged. If for any reason you will be withdrawing your child from school, a written notice **2 weeks prior** to leaving is required for a refund of unused class time. Please note our school calendar which is included in the Parent Handbook. It is different from the Broward County School Calendar in that we are open for preschool days that the school system is closed.

I understand and agree to pay the tuition fees due on the **first** of each month for part time preschool classes (See Class Offerings & Fee Sheet for description.) I also understand I have a grace period until the 5th of the month after which a late fee of \$25.00 will be assessed unless I have met previously with the Director for alternate payment arrangements.

_____ Signature

FULL TIME CARE PAYMENTS

The full time care tuition is due the week prior to the week care is given. A generous grace period is given through closing time on the **Monday after the week of care** before a late fee of \$25.00 will be assessed on your statement. Please note our school calendar which is included in the Parent Handbook. It is different from the Broward County School Calendar in that we are open days that the school system is closed, and we still provide Full time care on days closed for preschool except for most federal holidays.

I understand and agree to pay full-time care tuition fees due the week prior to full time care for my child. I also understand that I have a grace period through closing time on **Monday the week after care** before a late fee of \$25.00 will be assessed. If I have not met previously with the Director for alternate arrangements for payment, then I will add the \$25.00 into my payment. If, for any reason I will be withdrawing my child from full time care at RPCCP, a written notice **2 weeks prior** to leaving is required with continuing payment for those weeks.

_____ Signature