

# JCNaz Preschool Enrollment

Dear Parents,

We are excited to announce that JCNaz\_ Church of the Nazarene will be opening their brand new preschool in the fall of 2011-2012. We are pleased that you are interested in registering your child in our program. We are confident that your child will have a positive learning experience here at JCNaz preschool. The staff looks forward to meeting with your family and working with your children.

Tuition is due to JCNaz Preschool the first of every month. A pro-rated rate will be due the first month and last month of school. **The first payment will be due before or on August 15th.**

- Preschool Class- age 3-4 years who still have 2 years before starting Kindergarten
  - o MWF Class- \$150/per month
  - o Tues & Thurs Class- \$100/per month
- PreK Class- age 4-5 years who will be starting kindergarten the next year.
  - o M-F Class- \$250/per month

**The registration fee is \$50 and will be used to hold your child's spot until all medical forms are completed by yourself and a licensed physician and turned in to the preschool. Checks should be made out to JCNaz Preschool. Please return your registration packet as soon as possible. The whole registration packet and the registration fee are necessary to complete your enrollment. We allow students into our program on a first come first serve basis after the registration fee is paid. We will need all medical forms by July 15<sup>th</sup>. If we do not receive these forms we will not be able to allow your child to enter our program and your registration fee will be refunded as we will move down the waiting list.**

After your complete packet and registration fee has been turned in your child's teacher will call sometime before school starts to set up a home visit. During the home visit, you will receive our supply list, meet your child's teacher and the teacher will do your child's first of three assessments as well as answer any questions you may have. The other assessments will be completed in the middle and at the end of the year. The home visit will probably take around 30 minutes.

Communication is very important to your child's success, so if you ever have any questions please feel free to contact our preschool director. Valerie Rock- preschool@jcnaz.org

Sincerely,  
JCNaz Preschool Staff

Enrollment Information

(For office Use)

Date Received \_\_\_\_\_

Reg. Fee Paid \_\_\_\_\_

Info Complete \_\_\_\_\_

Physical \_\_\_\_\_

Class \_\_\_\_\_

Teacher \_\_\_\_\_

JCNaz- Church of the Nazarene  
1025 S. Washington Junction City, KS 66441  
School Year 2011-2012

**Program Choice: (circle one)**      **M/W/F 3-4 years**      **T/TH 3-4 years**      **Mon thru Fri 4-5 years**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Family Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ City, Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status of Parents:    Married      Divorced      Widowed      Single

Does you child have medicine that will need to be kept at school? YES NO

If yes, explain (please ask for a permission form from the director) \_\_\_\_\_

Tuition Policy

Tuition is payable on the first school day of each month. **A 10% extra fee of your child's tuition will be added if not paid by the end of the month.** Late fees not paid will be added to your account. After more than 1 month with no payments your child will be dismissed from the program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Photograph Release/Consent Form

I agree that my child may be photographed for use in the Preschool and/or use in publicity.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Personal Emergencies

Should your child have a personal accident where he/she soils clothing to the extent that clean clothes and personal clean up is required, two school personnel will be present to assist your child in cleaning up.

Yes, I give school personnel permission to assist my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

No, I do not give school personnel permission. My child is to remain in soiled clothes until I arrive.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Church Affiliation (If you regularly attend one)

Name of Church \_\_\_\_\_

## **Preschool Handbook Acknowledgement**

The Department of Children and Family Services requires that every student have a signed statement in their file stating that the parent has received a copy of the Preschool Handbook. The preschool is also required to advise you that the school has liability insurance on each student. Please sign the bottom of this form acknowledging your awareness of this information.

I have received a copy of the Preschool Handbook. I have been informed that the preschool has the required liability insurance.

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Student's Name

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Parent's Signature and Date