

PRESCHOOL AND CHILD CARE CENTER RE-ENROLLMENT PACKET

This packet should be completed only if you are **re-enrolling** your child for the Preschool and Child Care Center Program. If you are new to the program, please go back to the website and download the Preschool and Child Care Center Enrollment Packet.

State Requirements for Re-enrollment

License #376700616

Check that all forms are completed and signed.

| Completed | Description |
|-----------|--|
| | Application |
| | Identification and Emergency Information (LIC 700) |
| | Consent for Emergency Medical Treatment (LIC 627) |
| | Classroom Emergency Information |
| | Parent's Contract for Admission of Students |

Child's Name: _____
Last, First

Date: _____



1695 Discovery Falls Drive
Chula Vista, California 91915

619 656 8100 **tel**
619 656 8108 **fax**
www.concordiachurch.com

APPLICATION

Student Information

License #376700616

| | | | | |
|-------------------|--------------------|---|----------------------------|-----|
| Child's Last Name | Child's First Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (mm/dd/yyyy) | |
| Child's Address | | City | State | Zip |
| Referred By | | | | |

Parent / Legal Guardian 1

| | | | | |
|-------------------|-------------------|-------------------|-------|-----|
| Last Name | First Name | Middle Initial | | |
| Address | | City | State | Zip |
| Cell Phone Number | Home Phone Number | Email Address | | |
| Employer | | Work Phone Number | | |

Parent / Legal Guardian 2

| | | | | |
|-------------------|-------------------|-------------------|-------|-----|
| Last Name | First Name | Middle Initial | | |
| Address | | City | State | Zip |
| Cell Phone Number | Home Phone Number | Email Address | | |
| Employer | | Work Phone Number | | |

Important information is sent via email/eblast. Please **mark box** indicating who should receive emails:

Parent/Legal Guardian 1, Parent/Legal Guardian 2, or both.

A **\$110.00** nonrefundable, nontransferable application fee **must accompany this form**.

Please make check payable to Concordia Church and School.

After completing the enrollment packet, return it and the fee to the Preschool Office in person.

| |
|---|
| Preferred Start Date (mm/dd/yyyy): |
|---|

If your child is **not** potty trained, there is an additional fee of \$25.00 per month.

Preschool Fee Schedule, effective August 1, 2019 (Please check the program you are interested in)

| Extended Day Curriculum 6:30 am – 6:00 pm | Full Curriculum 8:00 am – 1 pm (5 hours or less) |
|--|---|
| <input type="checkbox"/> 5 \$960.00 | <input type="checkbox"/> 5 \$750.00 |
| <input type="checkbox"/> 4 \$813.00 | <input type="checkbox"/> 4 \$649.00 |
| <input type="checkbox"/> 3 \$623.00 | <input type="checkbox"/> 3 \$506.00 |
| <input type="checkbox"/> 2 \$444.00 | <input type="checkbox"/> 2 \$380.00 |

The following information will help us better serve you and your family.

Family Information

| | | | |
|---|---------------|--|--|
| Are you a military family? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Any immediate deployments pending? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Dad deployment dates | | Mom deployment dates | |
| Number of Siblings | Siblings ages | Potty trained <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Does your child nap regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you regularly attend a local church? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Pastor: | | Is your child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like more information on baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

| | | | | | |
|--|-----------|--------|-------|---------------------------|---------------------------|
| CHILD'S NAME | LAST | MIDDLE | FIRST | SEX | TELEPHONE () |
| ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| BIRTHDATE | | | | | |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| HOME TELEPHONE () | | | | | |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST | MIDDLE | FIRST | BUSINESS TELEPHONE () | |
| HOME ADDRESS | NUMBER | STREET | CITY | STATE | ZIP |
| HOME TELEPHONE () | | | | | |
| PERSON RESPONSIBLE FOR CHILD | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE () | BUSINESS TELEPHONE () |

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

| | | | |
|-----------|---------|-------------------------|------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |
| DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE () |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
| | |
| | |
| | |
| | |
| | |

TIME CHILD WILL BE CALLED FOR

| | |
|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

| | |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Concordia Preschool and Child Care

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER

NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

Preschool Classroom Emergency Information

Child Information

Today's Date:

| | | | |
|--|------------|----------------------------|-----|
| Last Name | First Name | Date of Birth (mm/dd/yyyy) | Age |
| Does your child take any medication on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please list medication. | | | |
| List any allergies or special needs your child has. | | | |
| Is there anything else we should know about child? | | | |

Father / Legal Guardian 1

| | | | |
|---------------------|-------------------|-------------------|--------------|
| Last Name | First Name | Middle Initial | |
| Address | | City | State Zip |
| Cell Phone Number | Home Phone Number | Email Address | |
| Employer/Occupation | | Work Phone Number | |

Mother / Legal Guardian 2

| | | | |
|---------------------|-------------------|-------------------|--------------|
| Last Name | First Name | Middle Initial | |
| Address | | City | State Zip |
| Cell Phone Number | Home Phone Number | Email Address | |
| Employer/Occupation | | Work Phone Number | |

All People Who Are Authorized to Pick Up Other than Parents

| Last Name | First Name | Phone | Relationship |
|-----------|------------|-------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Photo Release (check all that apply)

| | | |
|--|--|--|
| I give permission to use my child's photo for the following purpose: | | |
| <input type="checkbox"/> Promotional Materials | <input type="checkbox"/> Classroom Use (art projects, to hang in the classroom and the hall) | <input type="checkbox"/> None at this time |

Official use only.

Classroom: _____

Half Day / Full Day: M T W Th F

Next Page

**CONCORDIA PRESCHOOL AND CHILD CARE
PARENTS' CONTRACT FOR ADMISSION OF STUDENTS**

License #376700616

Parents/Legal Guardians with whom student lives

| | | | | |
|---------------------------------|----------------------------------|------------|-------|-----|
| Father/Legal Guardian Last Name | Father/Legal Guardian First Name | Cell Phone | | |
| Mother/Legal Guardian Last Name | Mother/Legal Guardian First Name | Cell Phone | | |
| Address | | City | State | Zip |

Student Information

| | | | |
|---|--------------------|----------------|---------------|
| Child's Last Name | Child's First Name | Middle Initial | Date of Birth |
| By my signature on this document, I acknowledge that I am the parent or legal guardian of the above student for whom I have requested admission into Preschool. | | | |

Note: In addition to this contract, the application fee and tuition for the first week are due one week before your child's first day of school. **These fees are nonrefundable.**

BY RESOLUTION OF THE BOARD OF EDUCATION FOR THE CONCORDIA PRESCHOOL (Preschool), THE FOLLOWING STATEMENTS ARE DESIGNED TO BE THE CONDITIONS FOR ADMISSION:

In consideration of such admission, I agree to the conditions governing admission and attendance at the Preschool, as stated below:

1. I agree to pay tuition charges and fees established by the administration for the current year.
2. I understand that only one discount per qualifying family may be applied to my child's tuition rate.
3. I agree to make tuition and fee payments to the Preschool on or before the scheduled dates. I acknowledge that the Preschool may enforce the following penalty: **The Preschool may, at its sole option, terminate the enrollment of any student when payment of fees is in arrears and has not been received by the Preschool within 30 days unless prior arrangements have been made with the Business Administrator. Termination may also be due to parents displaying and demonstrating aggressive behaviors to the staff, and if the safety/health of other children is being threatened by a child.**
4. I also agree to:
 - a. Read and adhere to the rules and regulations set forth in the Parent Handbook. I also understand and agree that bulletins containing new and revised rules and regulations issued to me carry the same weight as the Parent Handbook. **Violations of the stated rules and regulations may result in expulsion from the Preschool.**
 - b. Allow my child to participate in all school functions, including those that are worship related.
 - c. Give TWO (2) WEEKS WRITTEN NOTICE if my child will be leaving. If written notice is not given, I agree to pay for those two weeks.

PARENTS' CONTRACT FOR ADMISSION OF STUDENTS

Tuition is due and payable on the 3rd of the month by automatic electronic withdrawal from a checking or savings account. **A \$25.00 nonsufficient funds fee will be assessed for each payment not honored by the bank.**

Please note: Before and after school care is available from 6:30 am to 6 pm. Children picked up after 6 pm will be charged a late fee of \$1.00 per child, per minute or fraction thereof and thereafter. **After three (3) late pick-ups per quarter, the child may be put on probation pending a review of the circumstances. Abuse of this may cause the child to be expelled from the program.**

1. **APPLICATION** – This fee applies to every student enrolled. It is **NONREFUNDABLE** in the event the student does not attend the Preschool or terminates attendance for any reason and does not apply to any portion of the fee.
2. **RATE CHANGE** – The administration reserves the right to adjust the prices of its programs at the beginning of each academic school year (mid-July); families will be informed of this change as students enroll for the upcoming school year.
3. **REFUNDS** – Upon a two-week notice by the parent **“BEYOND THE FIRST MONTH,”** a refund will be pro-rated for the time not used based upon the program the family enrolled under.
4. **RIGHTS OF CHILD CARE LICENSING:**
 - a. The Department has inspection authority to enter and inspect a facility without advance notice.
 - b. The Department has the authority to interview children or staff, and to inspect and audit child or Child Care Center records without prior consent.

I UNDERSTAND THAT THE DEPARTMENT OF SOCIAL SERVICES OR LICENSING AGENCY HAS THE AUTHORITY TO OBSERVE, INTERVIEW, AND HAVE MY CHILD(REN) PHYSICALLY EXAMINED AT ANY TIME WITHOUT PRIOR CONSENT. AUTHORITY CITED: SECTION 1596.81, HEALTH & SAFETY CODE.

THE LICENSEE SHALL MAKE PROVISIONS FOR PRIVATE INTERVIEWS WITH ANY CHILD(REN) OR ANY STAFF MEMBER AND FOR THE EXAMINATION OF ALL RECORDS RELATING TO THE OPERATION OF THE FACILITY.

THE DEPARTMENT OF LICENSING AGENCY SHALL HAVE THE AUTHORITY TO OBSERVE THE PHYSICAL CONDITION OF MY CHILD(REN), INCLUDING CONDITIONS WHICH COULD INDICATE ABUSE, NEGLECT OR INAPPROPRIATE PLACEMENT AND TO HAVE A LICENSED MEDICAL PROFESSIONAL PHYSICALLY EXAMINE MY CHILD(REN).

SUMMARY- I agree to pay the tuition, fees, and charges scheduled herein on or before the due date and to abide by the terms and conditions of the Parent’s Contract for Admission of Students. **I UNDERSTAND THAT I MUST GIVE A TWO-WEEK WRITTEN NOTICE WHEN WITHDRAWING MY CHILD.** In addition, I fully understand and abide by the conditions and terms of this contract.

Parent/Legal Guardian Signature

| | | |
|----------------|-----------------|------|
| Sign Full Name | Print Full Name | Date |
|----------------|-----------------|------|

Parent/Legal Guardian Signature

| | | |
|----------------|-----------------|------|
| Sign Full Name | Print Full Name | Date |
|----------------|-----------------|------|