

## 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](http://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.

### Family Information

Are you active military? <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:	

**Preferred Start Date (mm/dd/yyyy):**

**APPLICATION**

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A \$150 single child or \$225 multiple child 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.

**Preschool Fee Schedule, effective August 1, 2023**  
**(Please check the program you are interested in)**

<b>Full Day Schedule 7:00 am – 5:30 pm</b>	<b>2 year old</b>	<b>3 year old or Pre-K</b>
5 days	\$ 1225.00	\$ 1185.00
4 days	\$ 1165.00	\$ 1120.00
3 days (M, W, F)	\$ 860.00	\$ 830.00
2 days (T, TH)	\$ 610.00	\$ 590.00
Please indicate intended AM drop off time:		
Please indicate intended PM pick up time:		

<b>Half Day Schedule 8:00 am – 1:00 pm</b>	<b>2 year old</b>	<b>3 year old or Pre-K</b>
5 days	\$ 960.00	\$ 925.00
4 days	\$ 915.00	\$ 870.00
3 days (M, W, F)	\$ 675.00	\$ 645.00
2 days (T, TH)	\$ 515.00	\$ 495.00

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

DATE OF ADMISSION	DATE LEFT
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# 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

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**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**

Last Name	First Name	Middle Initial	Date of Birth
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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.

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.

I understand the annual application fee is to be paid in advance to secure my child's space for the schedule I need/desire and that this fee is nonrefundable, unless my child should not be accepted into the program.

I agree to make tuition and fee payments to the Preschool on or before the scheduled dates. Tuition is due and payable on the 3rd of the month by automatic electronic withdrawal from a checking or savings account. A \$30.00 insufficient funds fee will be assessed for each payment not honored by the bank. 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 has been made with the Business Administrator.**

The administration reserves the right to adjust the prices of it programs at the beginning of each academic school year (or at any time deemed necessary); families will be informed of this change as students enroll for the upcoming school year or at least one month before the change takes effect.

I understand that only one discount per qualifying family may be applied to my child's tuition rate.

I understand there is NO deduction in fees and "make-up" days are not allowed when my child is absent due to Preschool closures, holidays, family vacations, or illness.

Preschool hours are from 7:00 am to 5:30 pm for full day students, 8:00 am to 1:00 pm for half day students. I understand it is my responsibility to ensure my child is picked up every day by his/her assigned departure time. If not, I understand that I will be billed a late fee of \$1.00 per child, per minute or fraction thereof.

**PARENTS' CONTRACT FOR ADMISSION OF STUDENTS**

I understand that I must give TWO (2) WEEKS WRITTEN NOTICE if my child will be leaving. No adjustment or refund will be granted if the departure occurs before the end of a paid month.

Requests for schedule changes will be made in writing and are subject to space availability in the child's classroom. Schedule changes will take effect only at the beginning of a month.

I agree to read and adhere to the policies, procedures, rules, and regulations communicated by the Preschool. Violations of the stated rules and regulations may result in expulsion from the Preschool.

I agree to allow my child to participate in all Preschool functions, including those that are worship related.

I understand that from time to time my child's class may walk along the school/church property or to the park bordering the school during school hours. I give permission for my child to participate with his/her class on such walks outside the classroom.

I understand that if my child's behavior is disruptive to the learning of other students or endangers the safety of other students, and attempts to correct the behavior have been unsuccessful, my child may be removed from the Preschool program.

**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).**

My signature below indicates that I fully understand and will abide by the conditions and terms of this contract.

Parent/Legal Guardian Signature

Sign Full Name	Print Full Name	Date
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Parent/Legal Guardian Signature

Sign Full Name	Print Full Name	Date
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