

Celebration Academy Enrollment Form

Child's Name _____ DOB ____/____/____ Male/Female
(Please underline the name by which your child is to be called)

Mailing Address _____

City _____ State _____ Zip _____ Home Phone _____

Subdivision _____

How old will your child be on September 1st _____

Please indicate the class schedule of your choice by 1 for first choice and 2 for second choice.

Mother's Morning Out (15 to 24 months):

____ Monday ____ Tuesday ____ Wednesday ____ Thursday

Monthly tuition: \$95 one day per week or \$145 for two days per week

Registration Fee: The same as one month tuition

Two Year Olds: ____ Monday/Wednesday ____ Tuesday/Thursday

Monthly Tuition: \$145 Registration Fee: \$145

Three Year Olds: ____ Monday/Wednesday ____ Tuesday/Thursday ____ Add Friday

____ Tuesday/Wednesday/Thursday ____ Tuesday - Friday

Monthly tuition for 2 days per week: \$145 Registration Fee: \$145

Monthly tuition for 3 days per week: \$170 Registration Fee: \$170

Monthly tuition for 4 days per week: \$200 Registration Fee: \$200

Four Year Olds: ____ Monday - Thursday ____ Monday - Friday

Monthly tuition for 4 days per week: \$200 Registration Fee: \$200

Monthly Tuition for 5 days per week: \$225 Registration Fee: \$225

Kindergarten ____ Monday-Friday

Monthly tuition is \$260 per month for 12 months/first payment is due June 1. All Fees are nonrefundable/nontransferable. Registration fee is \$260

Any known food allergies _____

Has your child attended day care or other preschool? _____

Day Care/Preschool _____

Length of time _____

Father's Name _____ Occupation _____

Work # _____ Cell # _____

Email Address _____

Father's Address (if different from above) _____

Mother's Name _____ Occupation _____

Work # _____ Cell # _____

Email Address _____

Mother's Address (if different from above) _____

Current Marital Status: (Circle One) Married Separated Divorced Widowed

Child Lives with: ____ Mother and Father ____ Mother ____ Father

Which church do you currently attend? _____ (over)

Waiver of Liability

Should my child become ill or injured during the time he or she is in the care of Celebration Academy, I understand the school's policy will be as follows:

1. The school shall attempt to contact me.
2. In event the school is unable to contact me, the school shall attempt to contact the following persons listed below.
3. Should this fail, the school shall be authorized to secure such medical attention and care for my child as deemed necessary.

I also give permission for my child to take part in all activities at Celebration Academy, and will not hold Celebration or its employees or its volunteers liable to me or my child because of any injury to my child at school or during any school activity.

Signed _____ Date _____

Doctor/Pediatrician _____ Phone # _____

Medical Facility Preferred _____

*****IT IS THE RESPONSIBILITY OF THE PARENT TO INFORM US OF ANY CUSTODY ISSUES THAT MIGHT CONCERN THE PRESCHOOL AND/OR YOUR CHILD.*****

Siblings' names:

Birthday

School:

- 1.
- 2.
- 3.

Release Form for Photographs and Video

Celebration Church/Academy has my permission to use my child's photograph or a video of my child. The purpose for the photograph reproduction includes:

- Website
- Newspaper or Magazine
- Flyers
- Brochures

I _____ whose child/children _____

Is enrolled in the current school year of Celebration Academy, and I _____ **give my permission/** _____ **do not give my permission** for my child's/children's picture or a video of my child/children to be used for the purposes mentioned above.

Class Directories & School Directory

(Check 1 for school directory and check 1 for class directory)

___ I **GIVE** my permission for my name, my child's name, address and phone number to be printed in a class directory

___ I **GIVE** my permission for my name, my child's name, address and phone number to be printed in the school directory

___ I **DO NOT** give my permission for my name, my child's name, address and phone number to be printed in a class directory.

___ I **DO NOT** give my permission for my name, my child's name, address and phone number to be printed in a school directory.

Office information: Registration Fee: ___/___/___ Processed (Initial) ___/___