

# KID CITY

*Christian Preschool*  
A Family of Learning

## Admission Application



"Let all the little children come to me, and do not hinder them, for the Kingdom of God belongs to such as these."  
Mark 10:14

10801 N La Cholla Blvd.  
Tucson, AZ. 85742  
Office: 520-297-0393  
Fax: 520-878-1234

# KCCP Application For Admission

Dear Parents,

Thank you for your interest in Kid City Christian Preschool. We offer choices for our program that would best meet the needs for you and your child. Please call the KCCP Office, 520-297-0393, with any questions.

## Enrollment into KCCP is guided by the following policies:

1. Kid City Christian Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to children in the preschool. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its education policies, admission policies, financial aid programs, physical education, and other preschool administered programs.
2. KCCP applicants should prepare and present at the time of registration: a completed enrollment application, a blue emergency card, photocopy of birth certificate, photocopy of original immunization records, and a photocopy of parents' Driver License.

## As parents of \_\_\_\_\_ I/we agree to the following:

1. I/We give permission for my child to take part in all KCCP activities and absolve KCCP from liability to me or my child because of any injury to my child at preschool or during any preschool activity.
2. I/We pledge to pay our financial obligations to KCCP by the fifth working day of each month. We understand that KCCP will add a 10% late fee after the 5th business day of the month. We also understand that if payment is not made by the 10th of the current month that KCCP reserves the right to refuse my/our child(ren) until full payment is received.
3. I/We have read the Kid City Christian Preschool Parent Handbook, understand the information outlined in it, and agree to accept and support all rules and policies established by KCCP.
4. In case of an emergency or sudden illness, I/we hereby give authority to any hospital or doctor to render immediate emergency aid as might be required at the time for his/her health and safety. It is understood by me/us that the expense of this service will be accepted by me/us.
5. I/We agree to seek to resolve any conflicts with KCCP staff or administration in a mature, peaceable, Christian manner. If unable to support the school's policies or decision, I/we agree to respectfully withdraw from KCCP.
6. "In the interest of helping Kid City Christian Preschool retain capable and committed Christian teachers for my child(ren) and the children of others, I agree that I will not attempt to hire away faculty from Kid City Christian Preschool during my child's enrollment period or within 12 months of withdrawal from Kid City Christian Preschool."

Parent signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## How did you hear about KCCP? (Select all that apply)

Friend-Name: \_\_\_\_\_ Church - Name: \_\_\_\_\_

Radio Station: \_\_\_\_\_ Newspaper-Name: \_\_\_\_\_

Website-Site Name: \_\_\_\_\_ TV - Station Name: \_\_\_\_\_

# Program Options

Please select the days that best fit the needs of your child for the preschool year. Please note that the preschool program requires a non-refundable registration fee, which is required at the time of enrollment. Also, the first month's tuition must be paid before your child attends class. (Tuition will be prorated based on start date)

Child's name: \_\_\_\_\_

KCCP Preschool Program **8:00 am to 3:00 pm**

Day(s) my child will attend: (please select 1 to 5 days)

Monday     Tuesday     Wednesday     Thursday     Friday

**\*Extended care available from 7:00am to 8:00am and 3:00pm to 6:00pm**

I anticipate needing morning extended care by (select):     7:00     7:30

I anticipate needing afternoon extended care until (select):

3:30     4:00     4:30     5:00     5:30     6:00

## For Office Use Only

Received Napper \_\_\_\_\_

AB \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Napper: \_\_\_\_\_ 1<sup>st</sup> Month Tuition \_\_\_\_\_ Supply Fee \_\_\_\_\_

Casas Member: Yes    No    Verified By \_\_\_\_\_ Room # \_\_\_\_\_ Start Date \_\_\_\_\_

New Student: Yes    No    Sibling(s) enrolled in KCCP: \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Teacher/Room #: \_\_\_\_\_ Also Paying For: \_\_\_\_\_

Teacher Copy: \_\_\_\_\_ Computer Copy: \_\_\_\_\_ Bkkpr Copy: \_\_\_\_\_

Date Pd: \_\_\_\_\_ Amt Pd: \_\_\_\_\_ Check #: \_\_\_\_\_ CC & #: \_\_\_\_\_ Cash Amt: \_\_\_\_\_

Welcome Call: \_\_\_\_\_

## Student Information:

Student's Name (Last, First, Middle): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Church Denomination: \_\_\_\_\_

Siblings Names and Ages: \_\_\_\_\_

My/Our child's picture (individual or within a group) may \_\_\_\_\_ or may not \_\_\_\_\_ be used for publication(s)

(brochures, newspapers, etc.) Parent Signature: \_\_\_\_\_

## Parent(s) Information:

### Head of Household:

Name (Last, First Middle): \_\_\_\_\_ Relationship: \_\_\_\_\_

Custody (Y/N): \_\_\_\_\_ Contact Order (1<sup>st</sup>/2<sup>nd</sup>): \_\_\_\_\_ Martial Status: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell Phone Carrier (i.e. Verizon Sprint, etc.): \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ (1 email must be provided for billing and other correspondence)

### Second Parent:

Name (Last, First Middle): \_\_\_\_\_ Relationship: \_\_\_\_\_

Custody (Y/N): \_\_\_\_\_ Contact Order (1<sup>st</sup>/2<sup>nd</sup>): \_\_\_\_\_ Martial Status: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell Phone Carrier (i.e. Verizon Sprint, etc.): \_\_\_\_\_ Work #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ (1 email must be provided for billing and other correspondence)

\* Custody Arrangements: Attach a copy of any joint/exclusive custody agreement pertaining to this child if remarried, separated, or divorced. (Please disregard if you already have current information on file.)

Please note any special custody issues: \_\_\_\_\_

## Emergency Information:

If parent(s) cannot be reached, contact one of the following (Please also list these individuals on the student's "Blue Card"):

#1: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

#2: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Please note any allergies (RX, food, etc.) or physical limitations: \_\_\_\_\_