

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, Arizona 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 three program choices so that you may select the program that you feel would best meet you and your child's needs this year. Please call the KCCP Office, 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 working day of the month. We also understand that if payment is not made KCCP reserves the right to stop service 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? (Check all that apply)

- Friend - Name: _____ Newspaper - Name of paper: _____
- Radio - Station: _____ Website - Which one: _____
- Church - Name: _____

Program Options

Select one of the following programs that best meets your child's needs for the preschool year. Please note that each program requires a **non-refundable** registration fee required at the time of enrollment. Also, the first month's tuition must be paid before your child attends class.

Child's Name: _____

- Parent's Day Out Preschool **8:00am to 3:00pm**

Day(s) my child will attend: (please circle one to five days)

Monday Tuesday Wednesday Thursday Friday

- Full Day Preschool **8:00am to 3:00pm***

Day(s) my child will attend: (please circle two to five days)

Monday Tuesday Wednesday Thursday Friday

***extended care available from 7:00am to 8:00am and 3:00pm to 6:00pm in 15 minute increments**

- I anticipate needing morning extended care by: 7:00am 7:30am

- I anticipate needing afternoon extended care until:

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

Received Napper _____ For Office Use Only

AB _____ Registration Fee _____ Napper _____ 1st Month's Tuition _____ Supply Fee _____

Casas Member: Yes No Verified by: _____ Room # _____ Start Date: _____

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

Child's Name: _____ Birth Date: ____/____/____

Teacher: _____ Room # _____ Also Paying for: _____

Teacher Copy: _____ Computer Copy: _____ Bkkpr Copy: _____

Date Paid: _____ Amount Paid: _____ Check # _____ CC & # _____ Cash _____

Welcome Call: _____

Student Information:

Student's Name (Last, First, Middle): _____

Birth Date: ___/___/___ Address: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Ethnicity: _____ First Language: _____

Church Denomination: _____ Name of Church: _____

Names & Ages of Siblings: _____

My/Our child's picture (either individual or within a group) may or may not be used for publication (brochures, newspapers, etc.) Parent Signature: _____

Parent Information:

Head of Household:

Name (Last, First, Middle): _____ Relationship: _____

Custody (yes/no): _____ Contact Order (first/second): _____ Marital Status: _____

Address: _____ Zip Code: _____

Cell Phone #: _____ Cell Phone Provider: _____ Work #: _____

Employer: _____ Occupation: _____

Email: _____ (at least one email is required for billing and other correspondence)

Parent 2:

Name (Last, First, Middle): _____ Relationship: _____

Custody (yes/no): _____ Contact Order (first/second): _____ Marital Status: _____

Address: _____ Zip Code: _____

Cell Phone #: _____ Cell Phone Provider: _____ Work #: _____

Employer: _____ Occupation: _____

Email: _____ (at least one email is required 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, KCCP may contact one of the following (please list these individuals on the student's Emergency Card):

#1: Name: _____ Phone #: _____ Relationship: _____

#2: Name: _____ Phone #: _____ Relationship: _____

Please note any allergies (RX, food, etc.) or physical limitations: _____