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: _____

Other: _____

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: _____ 1st Month 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: _____ Amt Paid:_____ 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 (1st/2nd): _____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 (1st/2nd): _____ 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: _____