

First day of preschool will be
Monday, August 21st.
Parent Meeting/Open House -
Thursday, August 17th.

CCC Preschool

Preschool Registration Form 2023 - 2024



821 10th Street, Tell City, IN 47586
812-547-7486 or 812-619-6562 (cell)

STUDENT INFORMATION:

Child's Name:

Last _____ First _____ MI _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Sex: Male _____ Female _____ Age as of 8/1/2023 _____

Elementary School your child will attend after Preschool:

William Tell _____ Perry Central _____ Cannelton _____ Other _____

**** Please note: All students must be completely potty trained and able to assist themselves.
This means students must wear underwear; NO diapers or pull-ups.**

PARENT/GUARDIAN INFORMATION:

Father _____

Mother _____

Address _____

Address _____

Phone _____

Phone _____

Texting: Yes _____ No _____

Texting: Yes _____ No _____

Email _____

Email _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

CLASS TO ENTER:

(Check One)

K3 Caterpillars (Must turn 3 before Aug 1, 2023)

Registration Fee: \$55.00 (Due at Registration)

Tuition: \$65.00 per Month

(First payment due August 1; last payment due May 1)

_____ **Class A:**

Mon - Wed, 8:05 AM - 10:45 AM

(K3 students with siblings in the K4 class may be picked up at 11:30.)

K4 Butterflies (Must turn 4 before Aug 1, 2023)

Registration Fee: \$70.00 (Due at Registration)

Tuition: \$80.00 per Month

(First payment due August 1; last payment due May 1)

_____ **Class A:**

Monday - Thursday, 8:00 AM - 11:30 AM

OTHER CHILDREN IN THE FAMILY:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

EMERGENCY CONTACTS: In case of an emergency, we will first try to contact a parent. In the event that a parent cannot be reached, please list three alternative emergency contacts and numbers. If a parent does not usually pick up the child, please include the person who does.

Contact: _____ **Phone:** _____

Contact: _____ **Phone:** _____

Contact: _____ **Phone:** _____

MEDICAL INFORMATION:

If your child has any health problems (allergies, asthma, diabetes, etc.) please list them below. Please indicate if any of these conditions limit your child’s physical activity.

Allergies (Food or Medicine) _____

Please list any medications that your child takes regularly:

Has your child ever been treated for any learning disabilities?

Yes _____ No _____

If yes, please explain briefly:

How does your child respond when given specific instruction? _____

Does your child have any behavioral problems: Yes _____ No _____

If yes, please explain: _____

CCC Preschool

Payment Policy 2023-2024

In order for our administration to meet its financial commitments, the following policy has been adopted by our board of education:

The Registration fee is paid upon registering and is non-refundable. The registration fee secures your child's spot in the preschool program.

Tuition will be due the 1st of each month for that month, beginning August 1st and ending May 1st of each school year. For example, August's tuition is payable August 1st. The final payment for May's tuition will be payable May 1st.

A late fee of \$15 will be assessed after the 10th day of the month and each month thereafter until the account is current. If the account falls 60 days delinquent, the student will not be permitted to attend until the account is once again current.

All tuition must be paid in full by May 10th for the student to participate in the graduation ceremony.

All accounts will be charged a \$20 fee for each returned check.

Name of person assuming financial responsibility for this student:

Name _____ Phone _____

Address _____ City _____ Zip _____

I have read this policy and understand my financial commitment and the consequences of not upholding this commitment.

Signed: _____ Date: _____

Please explain why you would like your child enrolled in our preschool program.

CHURCH AFFILIATION:

Do you attend a local church? Yes _____ No _____

If yes, name of church _____

If you do not attend a local church, would you like information about **Community Christian Church**? Yes _____ No _____

FIELD TRIP PERMISSION:

My child _____ has permission to take part in activities that require leaving CCC Preschool premises during the 2023-2024 school year. I understand that I will be notified in advance of any upcoming field trips.

Signed: _____ Date: _____

**CCC Preschool
Picture/Video Release Form
2023-2024**

Throughout the school year the preschool staff will be taking pictures and videotaping events, programs, etc. At the end of the year, CCC Preschool will create and make available for purchase a CD that will include photos and footage of these special events. Please fill out and sign this release form giving the CCC Preschool staff permission to take pictures and video of your child.

CCC Preschool has my permission to take photos and video of my child

Student's Name

Signature of Parent/Guardian

CCC Preschool

Pick-Up Authorization 2023-2024

Name of Student _____

The following people have my permission to pick up my child from school. **Please include a phone number if it is not listed elsewhere on this registration.**

Please include parent(s) on this list.

* _____ Mother

* _____ Father

* _____ Relation to child _____

* _____ Relation to child _____

* _____ Relation to child _____

* _____ Relation to child _____

* _____ Relation to child _____

If someone who is not on your pick up list is picking up your child on a specific day, you must let the office know in advance, or your child **WILL NOT** be released. Thank You!

Parent/Guardian Signature

Date: