



# Cross of Christ Lutheran Church and Preschool

576 Deer Park Avenue, Babylon, NY 11702

631-376-0773

<http://preschool.cclchurch.com>  
[preschool.director@cclchurch.com](mailto:preschool.director@cclchurch.com)

## 2018/2019 REGISTRATION FORM

**CLEARLY MARK YOUR FIRST AND SECOND CHOICE BY USING NUMBERS 1 AND 2 BELOW**

### **Pre-Kindergarten:** (4 years by Dec. 1, 2018)

Full-Day 9:30 am – 3:30 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

Mornings 9:30 am – 12 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

Afternoons 1 pm to 3:30 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

### **Nursery:** (3 years by Dec. 1, 2018)

Full-Day 9:30 am – 3:30 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

\_\_\_ 2 days/week T/Th

Mornings 9:30 am – 12 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

\_\_\_ 2 days/week T/Th

Afternoons 1 pm to 3:30 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

\_\_\_ 2 days/week T/Th

### **Toddler:** (2 years by Dec. 1, 2018)

Full-Day 9:30 am – 3:30 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

Mornings 9:30 am – 12 pm

\_\_\_ 5 days/week

\_\_\_ 3 days/week MWF

\_\_\_ 2 days/week T/Th

### **Extended Day:**

\_\_\_ Before Care (9-9:30 am)

\_\_\_ After Care (3:30-4 pm)

### **Please Print Clearly**

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Mom's cell # \_\_\_\_\_ Dad's cell # \_\_\_\_\_

Marital Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Legal Guardian \_\_\_ Single \_\_\_ Other \_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

How did you learn of our preschool? \_\_\_\_\_

Currently Enrolled \_\_\_ Parent of child \_\_\_ Friend \_\_\_ Advertisement \_\_\_ Local School \_\_\_ Church \_\_\_ Web Site \_\_\_

Are you a member of Cross of Christ Lutheran Church? \_\_\_\_\_

Other church affiliation? \_\_\_\_\_

Two (2) nearby people who may be called to care for child if parent is unavailable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Tel# \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Does your child have any allergies? \_\_\_ Yes \_\_\_ No

If yes, please specify: \_\_\_\_\_

*Please complete the reverse side of this form →*

**Racially Non-Discriminatory Policy of Cross of Christ Preschool:**

Cross of Christ Lutheran Preschool admits student of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.

I understand the first month of school to be a probationary period preceding the final acceptance of my child.

**Permission:**

- 1. I hereby give permission to the staff to give emergency medical care to my child in the case of an accident and to take any immediate action necessary.

\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Parent Signature

- 2. I give permission for my child’s name, address, phone number, etc. to be included in the class list. (This list is provided only to the families of the children in the class to share contact information for play dates, birthday parties, class parties, etc.)

\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Parent Signature

- 3. I hereby give permission to Cross of Christ Lutheran Preschool to take and/or publish photographs of my child that are taken at Cross of Christ Lutheran Preschool to be used for marketing and/or promotional literature including but not limited to website or social media publishing.

\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_ Parent Signature

**BIRTH CERTIFICATE:** A legible copy of the child’s proof of birth date must be submitted with this application for all new children entering the school.

**APPLICATION FEE:** A \$75 non-refundable application fee must be submitted with this application.

**Valid MEDICAL/Record of IMMUNIZATIONS:** Required for entrance on first day of school. Valid for one year since most recent exam.

**TUITION POLICY: First month’s tuition must be received by July 1st.**  
Tuition payments thereafter are due by the 1<sup>st</sup> of each month beginning on September 1<sup>st</sup>.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Cross of Christ Lutheran Preschool in working with my child. I understand that the \$75 Registration fee is non-refundable. In addition, I have reviewed the Tuition and Fee Schedule, Late Fee, Returned Check Fee, and Refund Policy. I understand these procedures and agree to fulfill my financial obligations to Cross of Christ.

**Refund of Fees**

I understand that the registration fee is non-refundable and that advance tuition fees are refundable only if all of the following conditions are met:

- 1. The child moves out of the area
- 2. The Preschool is notified by August 1, 2018, and the space is filled by another student.

Please submit this form, a copy of your child’s birth certificate, and a \$75.00 non-refundable registration fee to:  
**Cross of Christ Lutheran Preschool**

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date

FOR OFFICE USE ONLY

Registration Fee Received \_\_\_\_\_  
Rec’d Date \_\_\_\_\_  
Confirmation Letter Sent \_\_\_\_\_

Information Packet \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Payment Agreement \_\_\_\_\_