

# College Park Christian Preschool

1108 College Park Dr Columbia, MO 65203 (573) 445-3418



## Enrollment Application

Childs Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ How did you hear about CPCP: \_\_\_\_\_

### Parent/Guardian #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Church Membership: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Home  Cell  Work

Alternate Phone: \_\_\_\_\_

Home  Cell  Work

### Parent/Guardian #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Church Membership: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Home  Cell  Work

Alternate Phone: \_\_\_\_\_

Home  Cell  Work

Parents are: (check one) \_\_\_ Married \_\_\_ Living Together \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other

\*if parents not married, who has legal custody of child? \_\_\_\_\_

## Family Profile

Others that live in the same home as child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age (if under 21): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age (if under 21): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age (if under 21): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age (if under 21): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age (if under 21): \_\_\_\_\_

**(Enrollment Form Continued)**

**Medical Information**

Child's Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions (if any a doctor's note is required): NO / YES: \_\_\_\_\_

Current Immunizations: YES / NO (a current copy of immunization record is required)

**Emergency Contacts** (in order to be contacted):

\*CPCP staff will always try to contact parents first. Persons below are also authorized for pick up.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Others authorized to pick up from CPCP:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am including the \$25 non-refundable application fee with this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only**

Schedule enrolled for: **PT:** MWF Tu/Th **FT:** M-F Starting date: \_\_\_\_\_

Date Application received: \_\_\_\_\_ Application fee: cash/ck# \_\_\_\_\_ Date: \_\_\_\_\_

Special comments: \_\_\_\_\_

Infant Care: due date: \_\_\_\_\_ Preferred start date: \_\_\_\_\_

**Required for Admission:**

- |                              |                             |                             |
|------------------------------|-----------------------------|-----------------------------|
| _____ Enrollment Application | _____ Media/Photo Consent   | _____ All About Me          |
| _____ Application Fee        | _____ Consent to Treat Form | _____ Birth Certificate     |
| _____ Tuition Contract       | _____ Medical Exam          | _____ Current Immunizations |