



Registration Form

Family of Christ Child Development Center
2010-2011 Kindergarten

Child's Name _____ Birthday _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Race _____ Gender _____

School District _____ Public School _____

Class Applying For (Please circle one)

Full Day Kindergarten 8:45 - 3:15 M-F	Part Day Kindergarten 8:45 - 11:45 M-F
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****Your child must be 5 by October 1, 2010****

Father's Name _____
 Address _____

Mother's Name _____
 Address _____

Home Phone _____
 Work Phone _____
 Employer _____
 Address _____
 Pager _____
 Cell Phone _____
 E-mail Address _____

Home Phone _____
 Work Phone _____
 Employer _____
 Address _____
 Pager _____
 Cell Phone _____
 E-mail Address _____

Parents are: _____ Married _____ Separated _____ Divorced
 _____ Mother Remarried _____ Father Remarried
 _____ Natural Mother Deceased _____ Natural Father Deceased
 _____ Other (Please Explain) _____

With whom does applicant reside? _____

Who is financially responsible for tuition and fees? _____

Describe child custody arrangements (if applicable): _____

Please list the name, address and phone number of any off-campus child care center or home your child attends: _____

Please list the names and ages of any other children in the family: _____

Please list the name(s), relationship to child and phone numbers of the person(s) allowed to pick the child up from school: _____

Family Worship Life:

Church Name & Address

Pastor's Name

Check one of the following: _____ The Lutheran Church Missouri Synod
_____ Lutheran Church other Synod _____ Non-Lutheran Congregation
_____ We have no church membership at this time

Is your family active in your church? _____ Yes _____ No

Does your child regularly attend Sunday School? _____ Yes _____ No

- If you do not have a church home, or are inactive in your church, would you be interested in information about Family of Christ Lutheran Church? _____ Yes _____ No

Is your child Baptized? _____ Yes _____ No

- If not, would you like information on Baptism? _____ Yes _____ No

School History:

Most Recent School

School Address

Phone Number

Teacher's Name

Has your child ever attended Family of Christ? _____ Yes _____ No

Has your child ever been suspended or dismissed from school?

_____ Yes _____ No

- If yes, please explain: _____

Has your child been tested or recommended for testing for any condition, which might affect school performance (i.e. Attention Deficit Disorder, Attention Deficit Disorder with Hyperactivity, Learning Disabilities, Behavioral/Emotional Disorder)? _____ Yes _____ No

- If yes, please explain: _____

Does your child take regular medication for any of the previously mentioned conditions or for another condition? _____ Yes _____ No

- If yes, please explain: _____

Does your child have any allergies, especially food allergies?

_____ Yes _____ No

- If yes, please list: _____

What prompted your consideration of Family of Child Development Center?

Did someone refer you to Family of Christ Child Development?

_____ Yes _____ No

- If yes, please list the person's name: _____

The following must take place before a Registration Form will be considered complete:

- This form must be completed in its entirety and turned in with the Registration Fee.
- Family of Christ Child Development Center does not guarantee admission to any applicant. It is the mission of Family of Christ to provide a quality Christian education to all of its students. Family of Christ recognizes that there may be applicants for admission whose background and circumstances are such that the applicants would require extraordinary attention and/or resources and that their admission would therefore disproportionately reduce the attention and resources available to other students. Family of Christ also recognizes that, from time to time, there may be an applicant whose background suggests that he/she may pose a potential risk to other students. Family of Christ must consider the best interest of its student body as a whole and for that reason it is the policy of Family of Christ not to accept such applicants. Exceptions to this policy may only be made by the Board of Education for the Child Development Center.

Parent's Signature (Legal Guardian)

Date

Parent's Signature (Legal Guardian)

Date

All questions on this Registration Form must be answered and will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.

Family of Christ Child Development Center admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin in administration of our educational policies or admission policies, scholarship or loan programs athletic or other school-administered programs.

We will send back to school paperwork at the end of May

We will e-mail teacher assignments in mid – July after all back to school paperwork is properly completed and returned to the CDC office.

Tuition Agreement

Family of Christ Child Development Center
2010-2011 Kindergarten

Registration Fee

I/We understand that the registration fee is due upon submittal of the application. The registration fee is non-refundable unless, the child is not being granted admission to the school due to a waiting list.

- _____ \$150 Registration Fee (If Paid by April 1, 2010)
_____ \$200 Registration Fee (If Paid after April 1, 2010)

Tuition Rates

I/We promise to pay for our child's tuition with the following payment plan:

- _____ Part Day Kindergarten \$255 monthly due on the first of each month regardless of the number of days class is in session August - May
_____ Full Day Kindergarten \$373 monthly due on the first of the month regardless of the number of days class is in session August - May

I/We understand that August tuition will be due August 1st. If I dis-enroll my child from the program after August 1st and prior to the start of the school year, I/We understand my August tuition payment will be kept as a cancellation fee. I also understand that if my August tuition is not received by August 1st, I/We will forfeit my child's slot in the program.

Parent's Signature (Legal Guardian)

Date

Parent's Signature (Legal Guardian)

Date

In an effort to go as paperless as possible, most correspondence from the CDC office will be sent out via e-mail. If the e-mail address(es) on the front of this form change during the year please notify the office. We will e-mail out class assignments and August tuition statements in mid July after all paper work has been properly completed and returned to the CDC office.

Before /After School Care

- _____ \$93 Monthly for either before or after care due on the first of the month
- Does not include childcare only days
_____ \$208 Monthly for both before and after care due on the first of the month
- Includes childcare only days
_____ \$10 Refundable deposit on each before & after care access card issued

Parent's Signature (Legal Guardian)

Date

Parent's Signature (Legal Guardian)

Date

Family of Christ does not accept credit cards. Thank you for understanding.

**FAMILY
OF
CHRIST**



Lunch Bunch



Lunch Bunch is an opportunity for your child to stay at school for an additional hour to an hour and a half and have lunch with their friends. Lunch Bunch is offered Monday- Friday 11:45 AM-12:45 PM or 11:45 AM -1:15 PM. Please choose the day(s) and time(s) you would like your child to attend from the registration form below. The day(s) and time(s) you choose will remain consistent each month. If you choose to dis-enroll from Lunch Bunch 2 weeks notice must be given.

All children attending Lunch Bunch will need to bring a lunch. When preparing your child's lunch, we ask that you stress good nutrition. FOCCDC does not have adequate refrigerator space to store children's lunches, we ask that you use "Blue Ice" to keep your child's lunch cold. We do have a microwave and the teacher can warm lunches if needed.

Monthly Costs for Lunch Bunch

Your August Lunch Bunch will be pro-rated accordingly. There are no sibling discounts applied toward the cost of Lunch Bunch.

11:45 AM-12:45 PM		11:45 AM -1:15 PM	
1 day a week	\$29 monthly	1 day a week	\$36 monthly
2 days a week	\$58 monthly	2 days a week	\$72 monthly
3 days a week	\$87 monthly	3 days a week	\$108 monthly
4 days a week	\$116 monthly	4 days a week	\$144 monthly
5 days a week	\$145 monthly	5 days a week	\$180 monthly

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 Child's Name _____ Grade Level _____

Lunch Bunch Day(s):

- Mondays
 - 11:45-12:45 OR 11:45-1:15
- Tuesdays
 - 11:45-12:45 OR 11:45-1:15
- Wednesdays
 - 11:45-12:45 OR 11:45-1:15
- Thursdays
 - 11:45-12:45 OR 11:45-1:15
- Fridays
 - 11:45-12:45 OR 11:45-1:15

 Parent Signature

 Date

****There is no need for Full Day students to complete this form.****