



Registration Form

Family of Christ Child Development Center
2010-2011 Parent's Day Out

Child's Name _____ Birthday _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Race _____ Gender _____

School District _____ Public School _____

Please circle which class and day(s) you are applying for
 All PDO classes meet from 8:45 AM - 12:45 PM

| | |
|--|--|
| Toddler Class (15 months by 10-1-10) Tuesday Mornings Wednesday Mornings Thursday Mornings | 2's & 3's Class (2 by 10-1-10) Monday Mornings Tuesday Mornings Wednesday Mornings Thursday Mornings Friday Mornings |
|--|--|

Father's Name _____
 Address _____

Mother's Name _____
 Address _____

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

Home Phone _____
 Work Phone _____
 Employer _____
 Address _____
 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 distribute back to school paperwork packets at the end of May"

"We will e-mail teacher assignments and August tuition statements 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 Parent's Day Out

Registration Fee

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

_____ \$50 Registration Fee (Per child for 2 or more PDO days a week)

_____ \$25 Registration Fee (Per child for 1 PDO day a week)

Tuition Rates

I/We promise to pay for our child's tuition with the following payment plan: (Please check one)

Toddler Class

_____ 1 Day a week \$111 monthly due on the first of each month

_____ 2 Days a week \$222 monthly due on the first of each month

_____ 3 Days a week \$333 monthly due on the first of each month

2's & 3's Class

_____ 1 Day a week \$96 monthly due on the first of each month

_____ 2 Days a week \$192 monthly due on the first of each month

_____ 3 Days a week \$288 monthly due on the first of each month

_____ 4 Days a week \$384 monthly due on the first of each month

_____ 5 Days a week \$480 monthly due on the first of each month

I/We understand that August tuition will be due August 1st and will be prorated based on the school's start date. If I dis-enroll my child from the program after August 1st and prior to the start of the school year, I 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 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.

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

**FAMILY
OF
CHRIST**