

**For office Use Only**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

R/S FEE: Cash / Check #: \_\_\_\_\_

1st Month Tuition Recvd: Y / N

R/S AMOUNT: \$ \_\_\_\_\_

Teacher Assignment: \_\_\_\_\_

## **Keller Christian School 2012-2013**

### **Application for Registration**

**Class Placement:** \_\_\_\_\_ **2.5 years**      \_\_\_\_\_ **3 years**      \_\_\_\_\_ **4 years**

Half Day Program (8:30a.m.-11:30a.m.)

Monthly Tuition      \$100.00

Enroll/Supply Fee (non-refundable) \$95.00

Full Day Program (8:30a.m.-2:00 p.m.)

Monthly Tuition      \$140.00

Enroll/Supply Fee (non-refundable) \$95.00

I am interested in: (circle one)    Half day      Full day

### **Student Information**

CHILD'S NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as of September 1st: \_\_\_\_\_

Child's Gender (circle one):    Male    or    Female

Previously attended Preschool? (circle one)    Yes    /    No

Any known food allergies or health issues?

\_\_\_\_\_  
Required intervention:

\_\_\_\_\_  
\* EPI Pen / Benadryl / Asthma meds—Parent is responsible for providing training, written instructions, medications and equipment for the KCS office when these items are needed as part of a 'life threatening intervention process' or a part of preventative care through your child's doctor.

#### **Info on Mom:**

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

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

City / Zip: \_\_\_\_\_

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

WK/CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### **Info on Dad:**

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

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

City / Zip: \_\_\_\_\_

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

WK/CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Does your family currently have a church home? If yes, where?: \_\_\_\_\_

Would you like to have more information about the Keller Church Of Christ?    Yes    or    No

Is there anything specific you need us to know about your child?

\*\* All students ages 3 & Up must be completely potty trained! \*\*