

January 10, 2022

Dear Preschool Parents,

Thank you for enrolling your child at Cross & Crown Preschool for the 2022-2023 school year. **Please return your child's registration form** along with the **\$150.00** non-refundable registration and the **\$275.00 September 2022 tuition payment**. The tuition will be **due the first Thursday of each month**.

**Credit card payments are accepted** for monthly tuition (\$275) with a processing fee of \$10. If using a credit card for the Registration fee & September 2022 tuition payment (\$425.00), will incur a processing fee of \$15. Credit card processing fees are subject to change based on fees charged by the bank.

If you find you need to withdraw your child before school begins, the September 2022 tuition of **\$275.00** will be refunded through June 30<sup>th</sup>. If you must withdraw your child between July 1<sup>st</sup> and the first day of school, a 50% refund of September 2022 tuition (\$137.50) will be given. After the first day of school, no refunds will be given.

Physical forms are valid for two years. **Children presently enrolled in Cross and Crown Preschool will not need new physicals**. New students must have their **physical forms on file** at the preschool by **Sept 1st**. Also, new students will need a copy of their official courthouse **birth certificate on file** at the preschool too.

Thank you, again, for joining us at Cross and Crown Preschool.

Sincerely,

Becky Hendrickson  
Director of Preschool

### **These are the items you need to register your child:**

1. Completed Registration form
2. Registration Fee of \$150.00
3. Tuition Payment of \$275.00 for September 2022
4. Copy of Birth Certificate for **new students**
5. Immunization records submitted by Sept. 1, 2022.

# CROSS AND CROWN PRESCHOOL APPLICATION

**(Office use only)**

CIRCLE CLASS PREFERENCE:

**\$150 Non-Refundable Registration Fee**

Pre-K A.M. – 9:00-11:30 a.m. (4 days: Mon. Tues. Wed. Thurs)

**\$275 Monthly Tuition**

Pre-K P.M. – 12:30-3:00 p.m. (4 days: Mon. Tues. Wed. Thurs)

Check # \_\_\_\_\_

DATE OF ADMISSION TO PRESCHOOL: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

DATE OF DISCHARGE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: Yr. \_\_\_ Mo. \_\_\_ Sex: M / F  
Last First Middle (As of September 1, 2022)

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ PARENT Email: \_\_\_\_\_

How should your child's name be printed on school items? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Parent's Martial Status: \_\_\_ Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

Legal Guardian (if other than parent): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Names and Ages of Brothers and Sisters:

Name	Age	Date of Birth

Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Please read each waiver and sign below.

**MEDICAL WAIVER:**

I understand that under certain conditions emergency medical treatment may be required for my child during the hours that he/she attends Cross & Crown Preschool. If emergency treatment should be required for my child, I hereby give my consent to Cross & Crown Preschool to secure such emergency medical treatment as is necessary, including emergency first aid performed by the Preschool School Staff and /or through the Roscoe Rescue Squad.

**EXCURSIONS OFF PREMISES WAIVER:**

I hereby give permission for my child to participate in the regularly scheduled walks and field trip excursions of Cross & Crown Preschool. Transportation also provided by volunteer parents and/or bus.

**RELIGIOUS WAIVER:**

I hereby give permission for my child to participate in a religious atmosphere at Cross & Crown Preschool.

**PUBLICITY AND PHOTOGRAPHY WAIVER:**

I hereby give Cross & Crown Preschool permission to take pictures of my child and use them for publicity reasons, if desired.

**INFORMATION RELEASE WAIVER:**

I hereby give permission for my child's name, address, and telephone number to be placed in the parental handbook to be distributed to all parents.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZED PICK-UP NAMES:**

Listed below persons to whom your child may be released. **ONLY** the people listed below are authorized to pick up your child. If unable to contact parents, these persons may also be contacted in case of an emergency. Names may be added to this list at a later date if needed.

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Parents make excellent resource people. Would you be willing to share with your child's class? \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

The following information is to help the Preschool Staff better understand your child. This information is helpful but not required.

**MEDICAL:**

Was your child's birth normal? \_\_\_\_\_ Other \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If so, when and for what purpose? \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Has your child ever suffered a know vision or hearing loss? \_\_\_\_\_

Does your child have any specific physical limitations the Preschool Staff should be aware of? \_\_\_\_\_

Does your child take any medication that might affect his or her behavior? \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

What do you want your child to gain from our Preschool? \_\_\_\_\_  
\_\_\_\_\_

If you feel your child has a specific problem that our school and teachers might help you with, will you please give us details? \_\_\_\_\_  
\_\_\_\_\_

Is your child: \_\_\_\_\_ Right-Handed \_\_\_\_\_ Left-Handed \_\_\_\_\_ Ambidextrous?

\*\*Optional Questions: Current church your family attends? \_\_\_\_\_

Would you like information about Cross & Crown Lutheran Church? \_\_\_\_\_

# Cross and Crown Preschool

Cross and Crown Lutheran Church – 7404 Elevator Road – Roscoe, IL 61073-0788

Date \_\_\_\_\_

It is agreed that the Cross and Crown Preschool is a non-profit organization, that such an organization must necessarily operate on a narrow financial margin and can at no time carry any large cash reserve, and accordingly the organization must be assured of current operating income and know in advance how much operating capital it will have during the school term.

Students must be three (3) years old on or before September 1 of the current school year.

A one hundred fifty-dollar (**\$150.00**) **registration fee** is due as part of the registration and is **non-refundable**.

**Monthly tuition is \$275.00** and September tuition is due at the time of registration. Tuition can be refunded if a registration is canceled prior to June 30<sup>th</sup> preceding the school year. If you must withdraw your child between July 1<sup>st</sup> and the first day of school, a 50% refund of September tuition will be given. It is agreed that the undersigned parent/guardian will pay a full month's tuition regardless of the child's attendance record during that month.

**Monthly tuition is \$275.00. September through May** tuition will be **due the first week of each month**. **Late tuition will incur a \$10.00 late payment fee.** If a student is one month in arrears, the student will be dropped from the school's enrollment.

**It will be further agreed that any child not toilet trained or any child whose social or emotional behavior make it difficult for the child to function as part of the regular preschool routine, may be dismissed at the discretion of the teacher, with the approval of the Director and the Cross and Crown Preschool Board.**

The undersigned parent/guardian agrees to enroll \_\_\_\_\_  
(student's name)

for one full year of preschool.

\_\_\_\_\_  
(parent/guardian's signature)

Accepted and Approved  
Dated: \_\_\_\_\_

# Cross and Crown Preschool

Revised 1/10/22