



REGISTRATION FORM

Child's Name: _____

first

middle

last

Birth date: _____

Sex: _____

Address: _____

City & State: _____

Home Phone: _____

Email: _____

Mother's Name: _____

Father's Name: _____

Occupation: _____

Occupation: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Marital Status of Parents: _____

Custody-Visiting Arrangements (if applicable): _____

List of Siblings and their ages:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Is your child toilet trained? _____

Describe assistance needed and words used:

.....

OFFICE USE ONLY: registration fee pd ____; first month registration pd ____; birth certificate ____; immunization records ____; EB dropoff ____; morning ____; lunchbunch ____; afternoon ____; enrich ____

Does your child have any trouble with vision or hearing? _____

If so, please explain _____

Does your child have any health problems that we should be aware of? _____

If so, please explain _____

Are there any foods or drinks that your child should not have? _____

Is any language other than English used in the Home? _____

If so, please explain _____

Does your child have any allergies? _____

If so, please explain _____

Does your child take any regular medications? _____

If so, please explain _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of?

What are your child's favorite activities?

Please circle items below that describe your child...

- | | | | | |
|--------------|---------------|-----------|-------------|--------|
| Happy | Aggressive | Friendly | Moody | Clumsy |
| Dependent | Stubborn | Impulsive | Fearful | Quiet |
| Good-natured | Even-tempered | Attentive | Sympathetic | Shy |

Other: _____

Has your child been cared for by someone besides family? _____

If so, please explain _____

Has your child gone to preschool or daycare before? _____

Please describe previous experiences:

What do you hope will be included in your child’s preschool program?

Program Enrollment

Wee-Three & Preschool Program

T, W, Th 8:30-11:15

OR

T, W, Th 12:30-3:15

\$110 per month Sept-May

Pre-K Program

M, T, W, Th 8:30-11:00

OR

M, T, W, Th 12:30-3:15

\$120 per month Sept-May

CHECK BOX	PROGRAM	MORNING	AFTERNOON	COST	SUBTOTAL
	WEE-THREE (3 YEARS OLD)			\$110	
	PRESCHOOL (3 YEARS OLD BEFORE SEPT 1ST)			\$110	
	PRE-K (4-5 YEARS OLD BEFORE SEPT 1ST)			\$120	

ADDITIONAL PROGRAMS AVAILABLE- when you sign up for morning or afternoon classes AND the programs are available on the days that your child attends preschool

CHECK BOX	PROGRAM	COST	SUBTOTAL
	EARLY BIRD DROP-OFF	\$50	
	LUNCH BUNCH	\$75	
	CROSSING KIDS ENRICHMENT	\$75	
	CROSSING KIDS EXTRA	APPLY IN OFFICE	

TOTAL - _____ **+** _____ **=** _____ **PER MONTH**

EARLY BIRD DROP OFF

As a service to working parents, we offer a 7:45 AM drop off option at a monthly fee of \$50 per month. Payment is due on the 1st of each month.

LUNCH BUNCH

A continuation of the school day is offered between 11:00 and 12:30 at a monthly fee of \$75 per month. Lunch is provided by the parent and sent to school. Payment is due on the 1st of the month.

CROSSING KIDS ENRICHMENT

An afternoon program running in 6 weeks sessions focusing on extra gross and fine motor activities, free play, rest time and science enrichment. It is offered 12:30-3:15 at a monthly fee of \$75 per month. Payment is due on the 1st of the month.

CROSSING KIDS XTRA (CKX)

An after school program of The Crossing. Follows the Macomb Public School calendar. Includes snack, rest-time, games and free play. *CKX is a ministry of The Crossing Macomb and is not an extension of The Crossing Preschool. The registration process is separate. For more information contact the office at The Crossing. 309-836-7870