



CWP REGISTRATION FORM

Class	One Time, Non-refundable Supply Fee	Monthly Tuition (August - May)
2 days	\$100	\$160
3 days	\$120	\$185
4 days	\$140	\$240

Child's Name _____

Date of Birth _____ Age by Sept 1 _____

Address (Include City and Zip) _____

Mom's Name _____ Dad's Name _____

Mom's Phone _____ Dad's Phone _____

Mom's Email _____ Dad's Email _____

Select the boxes of ways we may communicate with you:

- email
 cell phone text
 phone
 note in child's folder

Name of church you attend? _____ Would you like information about Crossroads Church? _____

Allergies/Medical conditions: _____

Are you aware of any emotional, behavioral or development delays, concerns or diagnosis with your child?
 If YES, please explain _____

What should we know about your child? (shy, strong willed, etc.) _____

Has your child attended a weekday preschool or daycare program in the past? _____

Has your child ever been asked to withdraw or ever been suspended from a weekday preschool or daycare program in the past? If YES, please explain _____

How did you hear about CWP? _____

I authorize the following person(s) to pick up my child from CWP. Written permission is required for anyone NOT on this list. **Picture ID is required** for anyone who is not a parent.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parental Agreements

Initial of Parent/Guardian

_____ I understand that I must be in good standing on tuition payments and fees to be considered for future enrollment.

_____ I understand that CWP cannot guarantee specific teachers or friend requests due to potential staff changes, limited space and availability, birth dates and student ratios.

_____ I understand that class sizes are subject to change without notice. I also understand that in very rare instances a class may be rescheduled or dropped entirely if enrollment does not meet minimum requirements. In such cases, CWP will make every effort to accommodate your child in another CWP classroom.

_____ I understand that my tuition and fees are non-refundable in the event of withdrawal. My fee will not be refunded even if my child does not attend the program for any reason including, but not limited to, withdrawal prior to or after the start of classes, disagreement with CWP or its decisions, financial difficulty, suspension or dismissal of my child from the program.

_____ I understand that no refunds are allowed for sick days, severe weather days, holidays, or when the school is closed.

_____ I understand that tuition is due by the 10th of every month and that a late fee of \$10 will be added to any late payment. I also understand that I am responsible for paying tuition on time regardless of whether I receive a tuition envelope or not.

_____ I understand that my child will be automatically withdrawn from CWP if my tuition and fee payments fall two months behind.

Office Use Only

Date _____ Class _____

Registration fee \$ _____ Supply fee \$ _____

Check # _____ Cash _____