



352 S Main Street Crown Point IN 46307
219-661-9044

Email: cpplayandlearn@gmail.com

Registration Form

M F

Child's Name Birth Date Gender

Address City State Zip Code

Telephone E-Mail Address

Primary Language Spoken in Home Home Church

Mother's Name (and address, if different from child's)

Mother's Occupation Mother's Mobile Phone

Father's Name (and address, if different from child's)

Father's Occupation Father's Mobile Phone

Parent's Marital Status: Married Divorced Separated Widowed Single

Sibling Names and Ages

I would like to enroll my child in the following class:

Pre-3 Morning Pre-3 Afternoon Pre-K Morning Pre-K Afternoon



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**Registration Information
 Terms and Conditions
 2021-2022**

All the children in our classes learn through a hands-on approach. The teachers are trained in early childhood development and provide a variety of activities and materials from which the children may choose. The teachers facilitate developmentally appropriate practice to ensure that each child will learn and grow at his or her own individual level. Our preschool's priority is to prepare each child for the next level of learning by gaining confidence in her or himself through positive learning experiences. Our staff is friendly and knowledgeable. You and your children will feel welcome the second you walk through the door. If you have any questions, please do not hesitate to contact us. Thank you for taking the time to learn about our program. We are excited about the opportunity to work with you and your child.

The following items are needed to complete your child's registration process:

- Completed Financial Policies, Terms and Conditions Form/ 2021-2022
- Completed Registration Form
- Completed Emergency Contact Form
- Completed Health Forms
- Registration Fee of \$50 per child, payable to First United Methodist Church (non-refundable)

Classes Offered

Class	Age	Schedule	Monthly Tuition*
Pre-3 Morning	3 by Aug 1	T-W-Th 9:00 – 11:30 am	\$150
Pre-3 Afternoon	3 by Aug 1	T-W-Th 12:15 – 2:45 pm	\$150
Pre-K Morning	4 by Aug 1	Mon – Thurs 9:00 – 11:30 am	\$165
Pre-K Afternoon	4 by Aug 1	Mon – Thurs 12:15 – 2:45 pm	\$165

*Multiple Child Discount Offered

Other Possible Fees include Field Trips, Photos, and Special Events.

Toilet Training Policy

All students enrolled must be completely toilet trained and able to independently use the restroom when the school year begins. Each child should be wearing underwear, not Pull-ups or diapers at school. For the purpose of clarification, our definition of fully toilet trained is the child's recognition of the need to use the restroom, the ability to inform an adult, the ability to remove the necessary clothing with little or no assistance, the ability to handle own hygiene (redress and wash hands.)



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**Financial Policies Agreement
/Release Form**

By signing the following financial contract, you agree to these Financial Policy terms and conditions:

1. Tuition should always be delivered in the large envelopes that will be provided to you.
2. Tuition is due on the first of every month and no later than the 10th. Tuition payments made after the 10th of the month will result in a late fee of \$15.
3. Tuition that is two months late will result in dismissal from the program.
4. If your child is out of school for any reason (vacation, etc.) for an extended period of time, you will still be responsible for the monthly tuition. No exceptions can be made.
5. If you withdraw your child from our program for any reason, tuition and registration fees already paid will not be refunded.

I understand and accept all terms and conditions as stated above:

Child (ren)'s Name(s) _____

X _____
Parent's Signature

Date

Photo/Website Release

During the school year, pictures are taken of children and classes at Play & Learn Preschool. These pictures may be included in our website, a brochure, advertisements, or press releases.

I hereby give consent for FUMC Play & Learn Preschool to use and image of my child for the purposes listed above.

Child (ren)'s Name(s) _____

X _____
Parent's Signature

Date

() I decline to give permission for my child's photos to be used for the purposes listed above.



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Medical History and Physical Examination Report

To Be Completed by Parents

M F

Child's Name _____

Birth Date _____

Gender _____

Physician's Name _____

Phone _____

Address _____

Has your child had any serious illness, injury, surgery, or hospital stay? Yes No

If yes, please explain: _____

Has your child been recommended for and/or received professional assistance for any of the following Health Vision Hearing Speech/Language Development Psychological

To Be Completed by Physician

Child's Height _____ Child's Weight _____ Shot Record Up-To -Date Yes No

Please indicate any health concerns Allergies _____

Asthma Diabetes Glands Heart Lungs Nose Throat Eyes/Vision

May this child participate in playground & gym activity? Yes No

Any other recommendations or restrictions? _____

I have examined the above-named child and found him/her to be in satisfactory health. In my opinion, s/he is in suitable physical condition to participate in preschool activities.

X

Signature of Physician _____

Date _____

Your child will not be able to enter school without a yearly completed physical form.



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Emergency Contact/Child Release Information

Child's Name Birth Date

Mother's Name Home Phone Cell Phone Work Phone

Father's Name Home Phone Cell Phone Work Phone

Care Provider's Name Home Phone Cell Phone

Emergency Contacts

We will contact the following people in the order listed in case of an emergency where you are unable to be reached.

Name	Relationship to Child	Phone Number

Child Release Information

In addition to the above list my child may be released to the following people:

Name	Relationship to Child	Phone Number