



PRESCHOOL ENROLLMENT FORM | 2012-2013

Student's Full Name _____ **Today's Date** _____

Date of Birth _____ **Gender** Male Female

Primary Address _____

Home Phone Number _____ **Email Address** _____

Mother's Name _____ **Cell #** _____

Employer _____ **Work Phone** _____

Father's Name _____ **Cell #** _____

Employer _____ **Work Phone** _____

Please provide information for two people we can contact in the event of any emergency/authorized pick up:

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Please let us know if your family attends church regularly, how often and the Church name. _____

How did you hear about CHCA? *If a friend, please let us know who.* _____

SCHEDULE PREFERENCE

FULL DAY PROGRAM (7:00-5:00)

- | | |
|---|---|
| <input type="checkbox"/> 12-24 months (Mon - Fri) \$621/mo | <input type="checkbox"/> 2 year old (Mon Wed Fri) \$363/mo |
| <input type="checkbox"/> 2 year old (Mon - Fri) \$599/mo | <input type="checkbox"/> 2 year old (Tues Thurs) \$264/mo |
| <input type="checkbox"/> 3 year old (Mon - Fri) \$599/mo | <input type="checkbox"/> 3 year old (Mon Wed Fri) \$363/mo |
| | <input type="checkbox"/> 3 year old (Tues Thurs) \$264/mo |
| <input type="checkbox"/> Pre-Kindergarten (Mon - Fri) \$599/mo | |

HALF DAY PROGRAM (8:30-12:30)

- | | |
|---|--|
| <input type="checkbox"/> 2 year old (Mon-Thurs) \$331/mo | <input type="checkbox"/> 2 year old (Mon Wed) \$144/mo |
| | <input type="checkbox"/> 2 year old (Tues/Thurs) \$144/mo |
| <input type="checkbox"/> 3 year old (Mon-Fri) \$363/mo | <input type="checkbox"/> 3 year old (Mon-Thurs) \$331/mo |
| <input type="checkbox"/> 3 year old (Mon Wed Fri) \$223/mo | <input type="checkbox"/> 3 year old (Tues Thurs) \$144/mo |
| <input type="checkbox"/> Pre-Kindergarten (Mon-Thurs) \$331/mo | |

Annual Registration Fee: \$65 Individual / \$95 Family **Activity Fee:** \$65

The activity fee is auto-drafted in the month of October with tuition. This covers in-house presenters, curriculum supplies and special events
 Tuition is automatically withdrawn from your savings or checking account on the 5th of each month. If account is deemed "insufficient funds", a \$25 late fee will be added to your account. Families with outstanding balances after the 8th of the month may not return until balance has been paid.

EMERGENCY MEDICAL RELEASE

Physician _____ **Office Phone** _____

Allergies _____ Food Allergy Action Plan (signed by Physician)

I voluntarily furnish medical information on the above-certified child to Clover Hill Christian Academy. I hereby request that in the event that I or the people I authorize for an emergency cannot be reached in a timely manner, that an official representative of Clover Hill Christian Academy seek first aid for my child. I further give my consent for an emergency medical facility to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention.

Please sign here to verify that you understand that the CHCA registration fee is nonrefundable even if your child withdraws from the school and that all the information on this form is accurate and complete.

Parent/Guardian Signature _____ **Date** _____

AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize **CLOVER HILL CHRISTIAN ACADEMY** to initiate debit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my _____CHECKING / _____ SAVINGS account indicated below and the financial institute named below to credit (or debit) the same to such account.

Financial Institution Name

City

State

Transit/Routing Number*

Account Number*

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

Name

Signature

Date

*Please attach voided check.