

Enrollment Form 2018-2019
Antioch Christian Preschool
3616 SW 119th Street
Oklahoma City, OK 73170
Mailing Address: P.O. Box 892466
Oklahoma City, OK 73189
(405) 692-1288

For Office Use Only:

Enrollment Fee _____
Immun. Form _____
K4 Book Fee _____

Please check the appropriate class and session choice for your child. The child must be of class age by September 1, 2018.

<u>CLASS</u> ____ Two Year Olds ____ Three Year Olds (<i>must be potty trained</i>) ____ Four Year Olds (<i>must be potty trained</i>) ____ K4 (Pre-K—5 days)	<u>SESSION</u> ____ Monday/Wednesday ____ Tuesday/Thursday
---	--

CHILD'S NAME: _____ M _____ F _____

DATE OF BIRTH: _____ PRIMARY PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL 1: _____ E-MAIL 2: _____

PARENT/GUARDIAN: _____

EMPLOYER: _____ BUSINESS PHONE: _____

OTHER NUMBERS: (cell phone, etc.) _____

PARENT/GUARDIAN: _____

EMPLOYER: _____ BUSINESS PHONE: _____

OTHER NUMBERS: (cell phone, etc.) _____

Please list health information which may be helpful to the preschool (i.e. allergies, medical conditions, disabilities, fears): _____

Please list names and ages of siblings: _____

How did you hear about us? _____

In case of an emergency, illness, or accident involving your child, the preschool is authorized to contact and /or release your child to one of the following persons if the parent/guardian cannot be reached.

NAME	PRIMARY PHONE	SECONDARY PHONE
NAME	PRIMARY PHONE	SECONDARY PHONE
NAME	PRIMARY PHONE	SECONDARY PHONE

Parent Signature: _____ Date: _____

This form must be completed and returned to the Preschool Office, with the enrollment fee and a copy of the child's current immunization record. Enrollment fees: two and three day a week students \$75, K4 students \$100

**ANTIOCH CHRISTIAN PRESCHOOL
TUITION AGREEMENT**

Name of Child:

Parents/Guardian:

I, the undersigned, agree to:

1. Present all forms as required by Antioch Christian Preschool for enrollment purposes.
2. Release Antioch Christian Preschool from responsibility from accident or injury while child is at preschool or on the way to or from preschool.
3. The use of pictures in which child may appear while at preschool.
4. Give at least a two-week written notice to Antioch Christian Preschool should I decide to withdraw my child from the program at any time. I understand I am obligated to pay two weeks tuition following my notice of withdrawal unless another child fills my child's place. My child may attend class during the two weeks following notice of withdrawal.
5. Pay Antioch Christian Preschool the sum of (please check)
 \$1440 (2-day program) + \$75 enrollment fee + \$20 activity fee
 \$3600 (K4 program) + \$100 enrollment fee + one-time \$80.00 book fee + \$50 activity fee payable at Open House in August.
for tuition for the above named child, regardless of my child's absence. Tuition is payable in monthly installments. Payment is due the first school day of each month and will be considered late if not paid by the tenth. I understand my child could lose their place if tuition is not paid by the tenth and a late fee of \$15.00 will be charged.
6. The enrollment fee as a deposit, which guarantees my child a space in the preschool for the school year. This payment is non-refundable should I decide to withdraw my child from Antioch Christian Preschool.
7. Arrive promptly before and after school to bring or pick up my child.
(please check)
 2 and 3-day program—Child shall not arrive prior to 9:20 a.m. and shall be picked up no later than 2:40 p.m. A \$5.00 late fee shall be paid for every ten (10) minutes after 2:40 p.m.
 K4 program—Child shall not arrive prior to 8:30a.m. and shall be picked up no later than 3:20 p.m. Any student not picked up by 3:20 p.m. will be escorted to the After Care Program at Antioch Christian Academy. All monetary dues to the Academy will be the responsibility of the parent/guardian.
8. Pay charges related to any and all returned checks.
9. Not solicit any parents or students on Preschool grounds if not authorized by Antioch Christian Preschool.
10. Not photograph or videotape any students at ACP for profit.

SIGNATURE: _____ DATE: _____