



Inspiring Minds. Shaping Hearts.

The mission of Red Rocks Christian Preschool is to inspire the minds of children by challenging them academically and shaping their hearts to love God.

* You must provide your child's birth certificate, immunization record and the Health Record Form attached to this application for your child's application to be considered complete.

Enrollee Information

Child's Name _____ DOB _____ Male Female

Address _____

City _____ State _____ Zip Code _____

Primary Contact

Parent / Guardian #1 _____ Cell Phone _____

Relationship to Enrollee Father Mother Other _____

Email _____ Work Phone _____

Same address as student? Yes No

Your Address if Different from Student _____

Occupation _____ Employer _____

Marital Status Married Divorced Single Other _____

Parent / Guardian #2 _____ Cell Phone _____

Relationship to Enrollee Father Mother Other _____

Email _____ Work Phone _____

Same address as student? Yes No _____

Your Address if Different from Student _____

Occupation _____ Employer _____

Marital Status Married Divorced Single Other _____

Financial Responsibility

Mother & Father Mother Only Father Only Other _____

Receive Correspondence

Mother & Father Mother Only Father Only Other _____

How Did You Hear About Red Rocks Christian Preschool?

Referral Drive-by Internet Search Facebook RRCP Website Yelp

Have you had other children attend Red Rocks Christian Preschool in the past? Yes No

Schedule

Desired Start Date _____

Please select the program your child will be attending:

- Three Year Old
 Four Year Old

Are you looking for preschool year round or only during the school year?

- Year Round School Year Only (September – May)

- Full Day (7:00 AM – 6:00 PM)
 Half Day (8:00 AM – 12:00 PM)

(Due to the academic emphasis of our morning in the four-year-old program, we recommend the 5 day options so that your child can gain the most from his experience.)

Days of the Week:

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Number of Days Per Week:

- 2 Days
 3 Days
 4 Days
 5 Days

Tuition and Fees Payment Plan Policy

Preschool Times:

- **Full Day:** 7:00AM – 6:00PM
- **Part Day:** 4 hours per day – 8:00AM – 12:00PM (Additional charge for early morning drop off and late afternoon pick up)
- **Structured Program:** 8:30AM – 3:00PM (Due to the academic nature of the 4 year old program, we strongly recommend 5 days per week.)

Snack Time: 9:30AM and 3:30PM (provided, included in tuition fees)

Lunch: 12 noon (not provided)

Registration Fee: \$100 (one-time if continuously enrolled, non-refundable) Registration fee must be paid if a child's enrollment is not continuous such as a withdrawal and re-enrollment or if a child does not attend during the summer months.

Late pick-up fees: \$1.00 for each minute after 6:00 pm.

Afternoon Rates:

- \$150 per month for families on a half-day schedule who would like to add an additional afternoon to their regular schedule.
- \$50 per afternoon for irregular schedules (billed separately)
- \$100 per day for irregular schedules (billed separately)

Tuition (Rates effective 9/1/2019)

Monthly Rates	Full Day	Part Day
5 days per week	\$925	\$640
4 days per week	\$810	\$515
3 days per week	\$735	\$410
2 days per week	\$590	\$295

Note: To maintain a student's enrollment in the preschool, the monthly rate must be paid even if the family is on vacation.

By signing below, I authorize Red Rocks Christian Preschool to update my FACTS tuition agreement for my summer and or fall enrollment schedule.

Signature

Custody / Child Lives With

Mother & Father Mother Only Father Only Other _____

Emergency Contacts and Authorized Pickup

Mother & Father Mother Only Father Only

The following individuals are emergency contacts and are authorized to pick up my child from preschool unless NO is marked below:

Contact #1

Emergency Contact No Name _____
Authorized Pickup No Relationship _____ Phone _____

Contact #2

Emergency Contact No Name _____
Authorized Pickup No Relationship _____ Phone _____

Contact #3

Emergency Contact No Name _____
Authorized Pickup No Relationship _____ Phone _____

Medical Information

Yes No Does your child have any allergies? _____

Yes No Does your child have any dietary needs? _____

Yes No Does your child have any other special attentions/behaviors (i.e., seizures, ADD, ADHD, asthma)? _____

Yes No Does your child have any birthmarks or blemishes?

Yes No Is your child on a behavior management program?

Medical Treatment Authorization

I hereby authorize Red Rocks Christian Preschool to take my child to the aforementioned named physician or facility for medical treatment in the event of an emergency in which neither parent or guardian can be reached and do authorize the employees and agents to act for me (and/or my child) according to their best judgment and ability in case of an emergency. I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

I grant permission for the program supervisor or staff members to take wherever steps may be necessary to obtain emergency care if warranted. These steps may include but are not limited to the following:

- Taking the child to an emergency clinic in the company of a staff member or having the appropriate rescue personnel respond to the incident.
- Attempting to contact mother, father, or guardian.
- Attempting to contact parents/guardian through any of the persons listed as an emergency contact.
- Attempting to contact the child's physician.
- Any expenses incurred above will be the responsibility of the child's family. When appropriate, a conscientious effort will be made to contact a parent before any action is taken.
- The program will not be responsible for anything that occurs as a result of false information given at the time of enrollment.

The aforementioned emergency information details any medications, including over the counter medicines which are being given to the child. I hereby agree to the above authorization.

_____ Signature

General Agreements

The program assumes responsibility for the child during scheduled hours as set by the parent handbook. Any student who arrives prior to the program hours or is not immediately picked up at the scheduled time becomes the responsibility of the parents or the guardian.

I agree to hold harmless Red Rocks Christian Preschool, Red Rocks Baptist Church, and its employees from any claim or judgment that may arise by virtue of my child's activities or presence in the program.

_____ Agree (Please Initial)

I hereby grant permission for my picture and/or my child's picture to be used in promotional materials and websites related to Red Rocks Christian Preschool and Red Rocks Baptist Church. They may photograph or videotape my child for publicity and staff training purposes.

_____ Agree (Please Initial)

Agreements

My signature below affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.

Parent Signature

Date

Parent Signature

Date



MUST BE COMPLETED BY A DOCTOR
CHILD MAY NOT ATTEND UNTIL THIS RECORD IS COMPLETE

Child's Name _____ Gender _____ Birth Date _____

Address _____

Past Illnesses

Please check the following illnesses that the above named child has experienced and give the approximate dates.

- | | | | |
|--|---------------------|-----------------|--|
| <input type="checkbox"/> Chicken Pox _____ | | | |
| <input type="checkbox"/> Rheumatic Fever _____ | Asthma _____ | Hay Fever _____ | |
| <input type="checkbox"/> Diabetes _____ | Mumps _____ | Epilepsy _____ | |
| <input type="checkbox"/> Whooping Cough _____ | Poliomyelitis _____ | Other _____ | |
| <input type="checkbox"/> Rubella _____ | | | |

This child is / is not physically and emotionally able to participate in the preschool named.

Comments

Surgeries, Accidents, Illnesses, Chronic Conditions, or Handicapping Problems _____

Describe any physical condition requiring special attention by staff _____

Medication prescribed _____

Allergies we should be aware of _____

Prescribed routine _____

If tuberculin test given Date _____ Result _____

If chest X-ray taken Date _____ Result _____

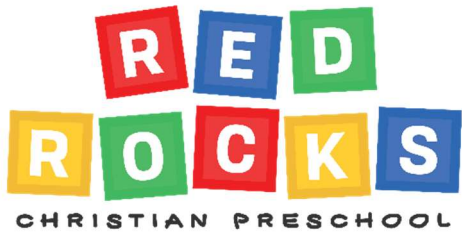
Vision _____ Hearing _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Date of the doctor's most recent examination of the child. _____

Signature of licensed physician or licensed nurse practitioner _____ Date _____

Please print name and address _____



Student Information Sheet

Today's Date: _____

Child's Name: _____ DOB: _____

Home Address: _____

Home Phone: _____

*Please star the best way
to contact you*

Mother: _____

Cell: _____

Work: _____

Email: _____

Father: _____

Cell: _____

Work: _____

Email: _____

Emergency Name: _____ Phone #: _____

Allergies / Medical Problems: _____

Authorized Pick-Up:

Name: _____

Name: _____

Name: _____

Please tell me anything I need to know about your child:
