



## CWP Registration Form

Class	One Time Registration Fee/Monthly Tuition	One Time Supply Fee due at Orientation
2 days	\$120	\$40
3 days	\$145	\$60
4 days	\$175	\$80

Child's Name \_\_\_\_\_

Goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age by Sept 1 \_\_\_\_\_

Right handed / Left Handed / Unsure

Address (City and Zip) \_\_\_\_\_

Parents Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Select the boxes for ways we can 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, concern 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:  
Initials 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 the 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 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 other CWP classrooms.

\_\_\_\_\_ 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 10<sup>th</sup> 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 \_\_\_\_\_