



Cross of Christ Lutheran Church and Preschool

576 Deer Park Avenue, Babylon, NY 11702

631-376-0773

Website: www.cclchurch.com/preschool

Email: preschool.director@cclchurch.com

2024/2025 REGISTRATION FORM

MARK YOUR FIRST AND SECOND CHOICE BY USING NUMBERS 1 AND 2 BELOW

Pre-Kindergarten: (4 years by Dec. 1, 2024)

Full-Day 9:30 am – 3:30 pm

___ 5 days/week
___ 3 days/week MWF

Mornings 9:30 am – 12 pm

___ 5 days/week
___ 3 days/week MWF

Afternoons 1 pm to 3:30 pm

___ 5 days/week
___ 3 days/week MWF

Nursery: (3 years by Dec. 1, 2024)

Full-Day 9:30 am – 3:30 pm

___ 5 days/week
___ 3 days/week MWF
___ 2 days/week T/Th

Mornings 9:30 am – 12 pm

___ 5 days/week
___ 3 days/week MWF
___ 2 days/week T/Th

Afternoons 1 pm to 3:30 pm

___ 2 days/week
___ 5 days/week
___ 3 days/week MWF

Toddler: (2 years by Dec. 1, 2024)

Full-Day 9:30 am – 3:30 pm

___ 5 days/week
___ 3 days/week MWF
___ 2 days/week T/Th

Mornings 9:30 am – 12 pm

___ 5 days/week
___ 3 days/week MWF
___ 2 days/week T/Th

Please Print Clearly

Child's Full Name _____ Birth Date _____ Sex _____

Address _____ City _____ Zip Code _____

Home Telephone # _____ Mom's cell # _____ Dad's cell # _____

Marital Status: Married ___ Divorced ___ Separated ___ Legal Guardian ___ Single ___ Other ___

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Telephone # _____ Telephone # _____

Email address: _____ (must include, please print clearly)

How did you learn of our preschool? _____

Currently Enrolled ___ Parent of child ___ Friend ___ Advertisement ___ Local School ___ Church ___ Web Site ___

Are you a member of Cross of Christ Lutheran Church? _____

Other church affiliation? _____

Two (2) nearby people who may be called to care for the child if a parent is unavailable:

Name _____ Relationship _____ Tel # _____

Name _____ Relationship _____ Tel# _____

Doctor's Name _____ Telephone # _____

Does your child have any allergies? ___ Yes ___ No

If yes, please specify: _____

Please complete the reverse side of this form

Racially Non-Discriminatory Policy of Cross of Christ Preschool:

Cross of Christ Lutheran Preschool admits student of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.

I understand the first month of school to be a probationary period preceding the final acceptance of my child.

Permission:

- 1. I hereby give permission to the staff to give emergency medical care to my child in the case of an accident and to take any immediate action necessary.

_____ yes _____ no

_____ Parent Signature

- 2. I give permission for my child’s name, address, phone number, etc. to be included in the class list. (This list is provided only to the families of the children in the class to share contact information for play dates, birthday parties, class parties, etc.)

_____ yes _____ no

_____ Parent Signature

- 3. I hereby give permission to Cross of Christ Lutheran Preschool to take and/or publish photographs of my child that are taken at Cross of Christ Lutheran Preschool to be used for marketing and/or promotional literature including but not limited to website publishing.

_____ yes _____ no

_____ Parent Signature

BIRTH CERTIFICATE: A legible copy of the child’s proof of birth date must be submitted with this application for all new children entering the school.

APPLICATION FEE: A \$100 non-refundable application fee must be submitted with this application.

Valid MEDICAL/Record of IMMUNIZATIONS: Required for entrance on the first day of school. Valid for one year since the most recent exam.

TUITION POLICY: First month’s tuition must be received by August 1st.
Tuition payments thereafter are due by the 1st of each month beginning on September 1st.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Cross of Christ Lutheran Preschool in working with my child. I understand that the \$100.00 Registration fee is non-refundable. In addition, I have reviewed the Tuition and Fee Schedule, Late Fee, Returned Check Fee, and Refund Policy. I understand these procedures and agree to fulfill my financial obligations to Cross of Christ.

Refund of Fees

I understand that the registration fee is non-refundable and that advance tuition fees are refundable only if all of the following conditions are met:

- 1. The child moves out of the area
- 2. The Preschool is notified by August 1, 2024, and the space is filled by another student.

Please submit this form, a copy of your child’s birth certificate, and a \$100.00 non-refundable registration fee to:
Cross of Christ Lutheran Preschool

_____ Parent Signature

_____ Date

FOR OFFICE USE ONLY

Registration Fee Received _____

Rec’d Date _____

Birth Certificate _____ Payment Agreement _____