



Dear Parent(s)/Guardian(s),

We are so excited you have decided to begin your child's first educational experience with us at South Creek Preschool! The staff here is committed to providing a Christ-centered environment that will inspire your child's spiritual, educational, physical, emotional, and social growth.

We will begin registering current preschool students, current South Creek Church of God families, and their siblings for the upcoming 2024-2025 school year on February 1st, 2024.

Enrollment will open to the public on March 1st, 2024. Attached, you will find a copy of the enrollment forms for the upcoming year. Your child's 2024-2025 class placement will be secured after we have received ***all of the following: completed enrollment form, a copy of your child's up-to-date immunization records, copy of your child's birth certificate (if not already on file), and the \$55 non-refundable registration fee per child.***

2024-2025 Class Options

2's: 2's attend one day per week for 2.5 hours.

3's: 3's attend 2 days per week for 2.5 hours.

Pre-K 1: This class is for children who will not, or more than likely not, be attending Kindergarten the following year. Pre-K 1's attend 4 days a week for 3 hours.

Pre-K 2: These classes are for children who will be attending Kindergarten the following year. Pre-K 2's attend 4 days or 5 days a week for 3 hours.

We look forward to your child's preschool journey with us at South Creek Preschool. If you have any questions about the preschool or the registration process, please feel free to stop by the office or call Jenna Mercer at (765) 457-8682. You may also email any questions to jenna@southcreek.church.

Sincerely,

Jenna Mercer, Preschool Director

Ashley Moody, Assistant Preschool Director

For Office use only

Class _____

Teacher _____

_____ Birth Certificate

_____ Immunization Record

_____ Registration Paid/Check Number



5937 South Park Road
Kokomo, Indiana 46902
765-457-8682

APPLICATION FOR ENROLLMENT

Child's Full Name: _____ M _____ F _____

Child's Name Used at School: _____ Phone: _____

Birth Date: _____

Child's Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Phone: _____

Mother's Address: _____ City: _____ Zip Code: _____

Mother's Place of Employment: _____ Work Phone: _____

Mother's Email: _____ Phone during Preschool hours: _____

Hours of employment: _____

Marital Status: (Circle one) Married Single Separated Divorced Widowed

Father's Name: _____ Phone: _____

Father's Address: _____ City: _____ Zip Code: _____

Father's Place of Employment: _____ Work Phone: _____

Father's Email: _____ Phone during Preschool Hours: _____

Hours of employment: _____

Marital Status: (Circle One) Married Single Separated Divorced Widowed

Description of parent(s) vehicle(s) picking up child: _____

Siblings:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

DESIGNATION OF PEOPLE WHO MAY PICK UP MY CHILD IN ADDITION TO THE PARENTS:

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ Cell/Business Phone: _____

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ Cell/Business Phone: _____

South Creek Preschool reserves the right to ask for positive identification to verify the identity of those you have listed above. If there are any changes, please notify the Preschool Director. Your child will only be released to those designated by you.

PERSONAL INFORMATION:

Are you a member of South Creek Church of God? _____

If your answer was "no" to the above question, do you have a religious preference or attend another church?

Is your child right- or left-handed? _____

Does your child have any fears, strong dislikes, or special concerns? If yes, please explain below.

What activities does your child enjoy most? _____

Is there any other information that you would like for us to know about your child? _____

What do you want your child to gain from their preschool experience? _____

In which school district will your child attend kindergarten? _____

How did you hear about South Creek Preschool? _____

EMERGENCY INFORMATION

Medication and Dosages: _____

Food Allergies (please be specific): _____

Medical/Non-food Allergies or Conditions (please be specific): _____

Hospital Preference: _____

Has your child ever been diagnosed with delays or a learning disability? _____

****Please keep in mind that South Creek Preschool can only provide group care; we do not have the staffing to provide 1:1 care.***

If yes, please explain: _____

Is your child in speech therapy? _____

Therapist's name: _____ Phone Number: _____

Your Child's Doctor is _____ Phone Number: _____

Address: _____

Your Child's Dentist is _____ Phone Number: _____

Address: _____

SOUTH CREEK PRESCHOOL
MEDICAL CARE/EMEGENCY AUTHORIZATION

I give my consent and authorization for South Creek Preschool to secure necessary emergency medical treatment for the well-being of my child. I give permission to South Creek Preschool to administer first aid, to transport my child in an employee or church owned vehicle, to call an ambulance for transportation to a hospital, and to provide emergency care to insure my child's health. I grant legal permission for a hospital, physician, or health care professional(s) to render any emergency treatment that might be required for the protection of my child's health. I agree to pay for all medical transportation and emergency measures not covered by insurance. This medical authorization and consent is valid while my child is enrolled as a student at South Creek Preschool. In any medical emergency, South Creek Preschool will contact, if at all possible, the parent or legal guardian first, and then one of the emergency contacts as specified by you.

Local reference in case of emergency: (Other than child's parents)

Name: _____ Address: _____

City: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Local reference in case of emergency: (Other than child's parent)

Name: _____ Address: _____

City: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Parent or Legal Guardian's Signature

Date

Relationship to Child

SOUTH CREEK PRESCHOOL

PARENT FIELD TRIP AGREEMENT

The South Creek Preschool Staff is considering and researching field trip possibilities for the Preschool. Some field trips may include the Apple Orchard, Fire Station, and Library.

The Director and Teachers will notify you as soon as details are completed.

I give my consent and authorization for my child to ride in a church-owned or employee-owned vehicle for transportation on field trips approved by the South Creek Preschool Staff.

Parent or Legal Guardian Signature

Date

PHOTO/VIDEO AGREEMENT

I give my consent and authorization for South Creek Preschool to take pictures of my child and to make a presentation video which may include my child. I grant this permission without monetary compensation.

Parent or Legal Guardian Signature

Date

WEB SITE AGREEMENT

I give my consent and authorization for South Creek Preschool to take pictures or videos of my child to be posted on www.southcreek.church or www.preschool.southcreek.church

Parent or Legal Guardian Signature

Date



Enrollment Agreement 2024-2025

Please enroll my child, _____, in South Creek Preschool for the 2024-2025 school year. Please indicate below which class you would like for your child's enrollment.

(For the 2's class & 3's class, please mark your first, second, and third choice.)

_____ 2's: Tuesday 9:15am-11:45am (2 by September 1, 2024) **Tuition: \$58/month**

_____ 2's: Wednesday 9:15am-11:45am (2 by September 1, 2024) **Tuition: \$58/month**

_____ 2's: Thursday 9:15am-11:45am (2 by September 1, 2024) **Tuition: \$58/month**

_____ 3's AM: Mon & Wed 9:00am-11:30am (3 by September 1, 2024) **Tuition: \$83/month**

_____ 3's PM: Mon & Wed 12:30pm-3:00pm (3 by September 1, 2024) **Tuition: \$83/month**

_____ 3's AM: Tue & Thur 9:00am-11:30am (3 by September 1, 2024) **Tuition: \$83/month**

_____ Pre-K 1: Monday-Thursday 9:15am-12:15pm (4 by Sept. 1, 2024) **Tuition: \$148/month**

Pre-K 1 is for children who will not, or more than likely not, be attending Kindergarten the following year.

Pre-K 2 is for children who will be attending Kindergarten the following year.

_____ Pre-K 2: AM Monday-Thursday 8:45am-11:45am (4 by Sept. 1, 2024) **Tuition: \$148/month**

_____ Pre-K 2: PM Monday-Thursday 12:30pm-3:00pm (4 by Sept. 1, 2024) **Tuition: \$133/month**

_____ Pre-K 2: AM Mon- Fri 8:45am-11:45am (4 by Sept. 1, 2024) **Tuition: \$178/month 5 days or \$148/month 4 days** **(We must have a minimum of 9 children enroll for the 5 day class, otherwise it will be a 4 day class Mon-Thur)**

I have enclosed the \$55.00 enrollment fee. I understand that it will not be refunded after the application for enrollment has been accepted. I agree to pay the 9 monthly payments (September through May) of \$58.00 for 2's (2.5 hours, 1 day a week), \$83.00 for 3's (2.5 hours, 2 days a week), \$148 for Pre-K 1 (3 hours, 4 days a week), \$148 for Pre-K 2 AM (3 hours, 4 days a week), \$133 for Pre-K 2 PM (2.5 hours, 4 days a week), or \$178 for Pre-K 2 (3 hours, 5 days a week) while my child is enrolled at South Creek Preschool. I understand that monthly tuition shall be paid on the **first** of each month. The first tuition payment is due by September 11, 2024. No reduction can be made for absences or in the event that school is cancelled due to inclement weather. A two-week notice is required if I withdraw from the program. If for any reason I need to drop from the program, I will notify the Preschool Director.

Signature of Parent or Legal Guardian

Date of Signature