



*If you are interested in enrolling a new student, we will be accepting applications with registration fees at our **Open House on Tuesday, March 18, from 6:00 to 7:30 p.m.*** If you are interested in enrolling a new student but do not attend Open House, we will begin accepting applications on *Wednesday, March 19, 2025*. Please submit the following to enroll your child on, but no sooner than Wednesday, March 19, 2025.

- Completed Application/Enrollment Form
- Copy of Immunization Records (*If you do not have a copy available, please request one from your doctor's office and submit on Orientation Night in August.*)
- Copy of the Birth Certificate – **See page 3 on the Enrollment Form for age requirements.** (Can be submitted on Orientation Night in August.)
- Enrollment Fee
 - \$ 45.00 for 3's (1 day per week)
 - \$ 65.00 for 3's (2 days per week)
 - \$ 65.00 for 4's (2 days per week)
 - \$ 90.00 for 4's (3 days per week)
 - \$ 90.00 for Pre-K (3 days per week)
 - \$125.00 for Pre-K Monday through Friday (5 days per week)
 - \$170.00 Half-day Kindergarten

If you have any questions or need additional information, please call the Preschool office at 765-453-4602.

**Please submit the completed application, to the Preschool.
Use the phone numbers listed on the front door or Preschool
door for application drop off during Preschool hours.**

MISSION OF CHAPEL HILL CHRISTIAN PRESCHOOL

- ▷ TO PROVIDE A CHRISTIAN ENVIRONMENT THAT ENCOURAGES YOUR CHILD'S SPIRITUAL GROWTH.
- ▷ TO PROMOTE THE DEVELOPMENT OF YOUR CHILD'S EDUCATIONAL, EMOTIONAL, AND SOCIAL SKILLS.
- ▷ TO PREPARE YOUR CHILD FOR A POSITIVE SCHOOL EXPERIENCE.

A LITTLE ABOUT OUR PRESCHOOL

Our preschool day begins with circle time, which includes a time of singing and learning Bible stories. They also learn about the calendar, shapes, numbers and colors. After circle time, the children go into their classrooms for Learning Centers. In the Learning Centers, the children learn more about the theme of the week. Examples of some of our themes are: Fire Prevention, Family, Space, Healthy Eating, and Dinosaurs. Reading time and gym are the next part of the day for the preschoolers. During reading time, a teacher will read the theme books and at gym, the children grow using their large motor skills. The children enjoy a snack while visiting with the teacher and other children. While in small group time, the preschooler learns about letters and a real animal that goes along with the letter. An example of the letter and animal is Allie Alligator. Children also learn phonics through our Zoo Phonics program. Some of the special programs we offer to families include our Thanksgiving Program, Dad's Road Rally, Mother's Tea, Field Trips and Family Fun Night. At Chapel Hill Christian Preschool, we have loving and devoted teachers who enjoy helping the children learn and grow.

WHY SEND MY CHILD TO A CHRISTIAN KINDERGARTEN?

"Spiritual training of children should begin at their earliest moments of awareness and continue through the teen years. The most important however may be five. That is when they are open and tender to the call of Christ. Some kids come to a fork in the road at this point. Either they begin to internalize what they are taught and make it their own, or Bible stories and lessons become like fables that don't apply to real world. Your careful instruction during this period can lay the faith foundation that will guide your children throughout their earthly lives-lead them into a joyous eternity." Dr. James Dobson

A LITTLE BIT ABOUT KINDERGARTEN...

We have one kindergarten class; Mrs. Brown has 12 years of experience and does a wonderful job with the children. I am so impressed when I observed the kindergarten class reading and advancing in Math. Many of the children who attended Chapel Hill Christian Kindergarten have received good citizen awards as they have moved on to higher grades, and I believe that comes from learning about God's word and how to practice God's word in their lives. The goal at Chapel Hill is to keep our Kindergarten class small so that Mrs. Brown can give the children individual attention. Chapel Hill's program offers a half-day Kindergarten Class and a half-day enrichment option. The half-day kindergarten program will address state standards in the areas of reading, math and science in the morning. The half-day enrichment class provides hands on science and math experiences, literature, art, music and learning centers. The children who stay for afternoon enrichment will bring a lunch to kindergarten.

Quote from a Parent- The growth and learning that we have witnessed in our daughter over the last year has warmed our heart to say the least. She has matured both academically and spiritually in ways that amazed us both.

For office use only

Class _____

Teacher _____

S _____

_____ Birth Certificate
_____ Immunization Records
_____ Registration Fee Info

CHAPEL HILL CHRISTIAN PRESCHOOL/KINDERGARTEN

2600 WEST ALTO ROAD

KOKOMO, INDIANA 46902-4681

(765) 453-4602

APPLICATION FOR ENROLLMENT

Child's full name: _____ M _____ F _____

Name of child to be used at school (if different than above): _____

Name you would like your child to learn to write: _____ Birth date: _____

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

Mother's Name: _____ Email: _____

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

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

Cell Phone: _____ *Number during Preschool hours:* _____

Hours of Employment: _____

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

Father's Name: _____ Email: _____

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

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

Father's Cell Phone: _____ *Number during Preschool Hours:* _____

Hours of Employment: _____

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

Description of Vehicle(s) Picking Up Child: _____

Siblings:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

CHAPEL HILL CHRISTIAN PRESCHOOL

Enrollment Agreement

2025-2026

Please enroll my child _____ in Chapel Hill Christian Preschool/Kindergarten for the 2025-2026 school year. Indicate your class preference below with first and second choices in the 3's, 4's, Pre-K and Kindergarten classes. ***Please verify your child meets the age requirements for each class. (Please see age requirements at the bottom of this sheet.)***

- | | |
|---|---|
| <input type="checkbox"/> Tuesday 3's 10:00-11:45 AM | <input type="checkbox"/> Monday, Wednesday, Friday 4's AM 8:45-11:45 AM |
| <input type="checkbox"/> Tuesday and Thursday 3's 9:00-11:30 AM | <input type="checkbox"/> Mon., Wed., Fri. Pre-K AM 9:00-11:30 AM |
| <input type="checkbox"/> Tuesday and Thursday 4's 9:00-11:30 AM | <input type="checkbox"/> Mon., Wed., Fri. Pre-K PM 12:30-3:00 PM |
| <input type="checkbox"/> Monday and Wednesday 4's PM 12:30-3:00 PM | <input type="checkbox"/> Monday through Friday Pre-K 8:45-11:45 AM |
| <input type="checkbox"/> Monday, Wednesday, Friday 4's PM 12:30-3:00 PM | <input type="checkbox"/> Monday through Friday Kindergarten 8:30-12:00 PM |

I have enclosed the registration fee in the amount of: **\$45.00 (for 3's), \$65.00 (for 3's two-days/week), \$65.00 (for 4'sAM and 4's PM), \$90.00 (for Pre-K and 3-Day 4's MWF), \$125.00 (for Monday through Friday Pre-K) and \$170.00 (Half-day Kindergarten).** *I understand that the registration fee needs to be paid to hold my child's spot in the class we requested. In addition, I understand that the registration fee will not be refunded after the application for enrollment has been accepted by the Chapel Hill Christian Preschool Board.*

- \$ 50.00 monthly tuition for 3's T (*\$45.00 registration fee* plus \$495.00 for the year)
- \$ 95.00 monthly tuition for 3's (2-day T/Th) (*\$65.00 registration fee* plus \$920.00 for the year)
- \$ 95.00 monthly tuition for 4's (*\$65.00 registration fee* plus \$920.00 for the year)
- \$120.00 monthly tuition for 4's (3-day M/W/F) (*\$90.00 registration fee* plus \$1,170.00 for the year)
- \$120.00 monthly tuition for Pre-K (3-day) (*\$90.00 registration fee* plus \$1,170.00 for the year)
- \$190.00 monthly tuition or Monday through Friday Pre-K (5 day) (*\$125.00 Registration fee* plus \$1,835.00 for the year)
- \$200.00 monthly tuition for Half-day Kindergarten (*\$170.00 registration fee* plus \$1,970.00 for the year)

I agree to pay the nine equal monthly tuition payments (September through May) while my child is enrolled at Chapel Hill Christian Preschool. I understand that credit for missed days will be given only at the discretion and judgment of the Chapel Hill Christian Preschool Board and will be subtracted from the next month's fees. I understand that if I withdraw my child from Chapel Hill Christian Preschool, I am required to give written notice to the Preschool Director and that no part of a remaining month's fees will be refunded and any outstanding fees must be paid.

Signature of parent or legal guardian: _____

Date of Signature: _____

Age Requirements:

- Kindergarten – 5 by August 1 (Birthday on or before August 1, 2020)
- Pre-K 3-day Class (Monday, Wednesday, Friday)– 4 by August 1 (Birthday on or before August 1, 2021)
- Pre-K 5-day Class - (Monday through Friday) – 4 by August 1 (Birthday on or before August 1, 2021)
- 4's Class (Two days per week) – 3 by August 1 (Birthday on or before August 1, 2022)
- 4's Class (Three days per week) – 3 by August 1 (Birthday on or before August 1, 2022)
- 3's Class Two Days/Week – 3 by January 1 (Birthday on or before January 1, 2023)
- 3's Class One Day/Week – 2 by August 1 (Birthday on or before August 1, 2023)

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

(You do not have to list mother or father, parents listed on the front page are already included on the pick-up list.)

Name: _____ Relationship: _____ Home Phone: _____

Cell/Business Phone: _____ Vehicle Description: _____

Name: _____ Relationship: _____ Home Phone: _____

Cell/Business Phone: _____ Vehicle Description: _____

****Chapel Hill Christian 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 Chapel Hill Christian Church? _____

If your answer was “no” to the above question, do you attend another church? _____

Church Attended: _____

Is your child right- or left-handed? _____

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

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 this preschool experience? _____

In which school district will your child attend kindergarten? _____

How did you learn about Chapel Hill Christian Preschool? (Circle one) Current Student
Friend Family Member Our Web Page Other _____

Did someone refer you? (We'd like to thank them.) _____

CHAPEL HILL CHRISTIAN PRESCHOOL

PARENT FIELD TRIP AGREEMENT

The Chapel Hill Christian Church Preschool Board is studying field trip possibilities for the Preschool. Some of the field trips may include: an orchard, pumpkin patch, and the fire station. Parents are the only source of transportation for preschool field trips. As soon as available, details for each trip will be communicated by the director.

In the unlikely event my child would need to be transported, 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 Chapel Hill Christian Preschool Board.

Parent or legal guardian signature

Date

PHOTO/VIDEO AGREEMENT

I give my consent and authorization for Chapel Hill Christian Preschool to take school setting pictures/video of my child and to make a presentation video used only for preschool/church programs. I grant this permission without monetary compensation.

Parent or legal guardian signature

Date

WEB SITE AGREEMENT

I give my consent and authorization for Chapel Hill Christian Preschool to take pictures or videos in the school setting of my child in the preschool/kindergarten setting to be posted on line.

Parent or legal guardian signature

Date

TEXT COMMUNICATION

I give my consent and authorization for Chapel Hill Christian Preschool to communicate with us regarding any announcements, reminders, CHCC family or children programing information or school related communication. Chapel Hill Christian Preschool will not sell or distribute personal information including phone numbers.

Parent or legal guardian signature

Date

CHAPEL HILL CHRISTIAN PRESCHOOL MEDICAL CARE/EMERGENCY AUTHORIZATION

I give my consent and authorization for Chapel Hill Christian Preschool to secure necessary emergency medical treatment for the well being of my child. I give permission to Chapel Hill Christian 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 Chapel Hill Christian Preschool. *In any medical emergency, Chapel Hill Christian Preschool will contact, the parent or legal guardian first, and then one of the emergency contacts as specified.*

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

Name: _____ Address: _____

City: _____ Relationship to child: _____

Home phone: _____ Work/Cell phone: _____

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

Name: _____ Address: _____

City: _____ Relationship to child: _____

Home phone: _____ Work/Cell phone: _____

Parent or legal guardian's signature

Date: _____

Relationship to child

EMERGENCY INFORMATION

Medication and dosages: _____

Does your child have any food allergies? Y/N _____

Food allergies: _____

*If your child has a food allergy, please be specific.

Does your child have any non-food allergies? Y/N _____

Medical allergies or conditions: _____

Hospital Preference: _____

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

If yes, please explain: _____

Has your child ever been diagnosed with a speech delay or been in speech therapy? _____

Is your child currently in speech therapy or being evaluated? _____

Therapist Name: _____ Phone Number: _____

*Your child's doctor is: _____ Phone: _____

Address: _____

*Your child's dentist is: _____ Phone: _____

Address: _____

*These numbers are on file and used only in case of an emergency.