



community

CHRISTIAN PRESCHOOL

41762 Stetson Ave.
Hemet, CA 92544
(951) 929-2135, (951) 765-6696 FAX
community.cc
License # 330908954

Tuition & Fees 2019-2020

Registration: \$175.00

Includes a CCP T-shirt, Yearbook, all curriculum and material needed for the academic year.

Daycare Fees: \$3.50 per hour

Any attendance in addition to contracted hours is considered Daycare. You will be billed for that time.

Monthly Tuition Rates

(This is a yearly rate broken into 10 convenient payments)

Schedule	2 days	3 days	4 days	5 days
Preschool Only 8:00-11:30	\$175	\$260	\$320	\$360
Preschool Plus 8:00-3:00	\$240	\$330	\$415	\$500
Full Day 7:00-6:00	\$290	\$415	\$535	\$635

A 2.5% discount is available for tuition paid in full by August 15th. A discount is also available for multiple children.

General Information:

Students must be at school no later than 8:30am. A morning and afternoon snack is provided. Students provide their own lunches.

Tuition Payments & Late Fees:

Tuition is due on the 1st of every month. A late fee of \$30.00 per student will be added after the 15th. Students may not be admitted to school until tuition and late fees are paid. Please contact the Director if other arrangements need to be made.

Our program (as per California State License) closes promptly at 6:00pm. Students picked up late may jeopardize our license and our ability to offer this valuable service to our families. There will be additional daycare fees of \$10.00 from 6:01pm-6:05pm, and \$1.00 per minute thereafter. You will be billed for these additional fees.

Returned Check Fees

There is a \$30.00 fee for all returned checks

Community Christian Preschool

2019-20 Enrollment Requirements & Check List

Student's Information

Last Name: _____ First Name: _____

Nickname: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent's/Guardian's Name _____ Relationship to child _____

Home Phone _____ Cell _____ Work _____

Parent's/Guardian's Name _____ Relationship to child _____

Home Phone _____ Cell _____ Work _____

**As per Title 22, the items listed on this page
must be in your child's file before they can begin school:**

- _____ Fee Agreement
- _____ Enrollment Application
- _____ Emergency Contact Form (including names & phone #'s)
- _____ Parent's Rights
- _____ Personal Rights
- _____ Child's Health History
- _____ Consent to Treat
- _____ Physician's Report
- _____ Immunization Record
- _____ Original Official Birth Certificate

2019-20 Community Christian Preschool Fee Agreement

License No. 330908954

Student's Information

Last Name: _____ First Name: _____
Nickname: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Person Responsible for Account

1. Name _____ Relationship to child _____
Social Security # _____ Driver's License # _____
Street Address _____
City _____ State _____ Zip _____ Home Phone _____
Cell _____ Work _____ email _____

2. Name _____ Relationship to child _____
Social Security # _____ Driver's License # _____
Street Address _____
City _____ State _____ Zip _____ Home Phone _____
Cell _____ Work _____ email _____

Preschool Schedule, Tuition & Daycare Information

Preschool Start Date _____ Days of enrollment M _____ T _____ W _____ Th _____ F _____

- Preschool Program: 8:00 am – 11:30 am
- Preschool Plus: 8:00 am – 3:00 pm
- Preschool Full Day: 7:00 am – 6:00 pm
- Yearly Tuition Amount \$ _____
- 10 Monthly payments \$ _____

Late Fees: I understand that tuition is due by the 1st of each month and is late if not paid by the 15th. I understand a Late Fee of \$30.00, per student, will be applied after the 15th and I agree to pay it. Students may not be admitted to the school until tuition and late fees are paid.

I will bring my child at _____ and pick up my child at _____, which may require daycare provision.

Daycare Information

Daycare Rate: **\$3.50 per hour**

Our program (as per California State License) closes promptly at 6:00 pm. Students picked up late may jeopardize our license and our ability to offer this valuable service to our families. There will be additional daycare fees of \$10.00 from 6:01 pm-6:05 pm, and \$1.00 per minute thereafter. You will be billed for these additional fees.

Other Fees

Registration & Material Fees	\$175.00
Late Payment Fee (per student)	\$ 30.00
Returned Check Fee	\$ 30.00

Allergies _____ _____ _____ _____

1. **Signature**

41762 Stetson Ave., Hemet, CA 92544

Date

(951)929-2135

2. **Signature**

(951) 765-6696 FAX

Date

community.cc

Community Christian Preschool Enrollment Application 2019-20

Student's Information

Last Name: _____ First Name: _____
 Nickname: _____ Age _____ Gender M ___ F ___ Date of Birth: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone _____ Social Security No. _____

Family Information

Name of Father or Guardian _____ Relationship to Child _____ Address _____ _____ Lives with child? Yes No Occupation _____ Employer _____ Education: High School _____ years College _____ years Marital Status: Married Widowed Single Divorced Have you personally received Jesus Christ as your Savior? Yes No Your Church _____ Member? Yes No	Name of Mother or Guardian _____ Relationship to Child _____ Address _____ _____ Lives with child? Yes No Occupation _____ Employer _____ Education: High School _____ years College _____ years Marital Status: Married Widowed Single Divorced Have you personally received Jesus Christ as your Savior? Yes No Your Church _____ Member? Yes No
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Church student attends _____ Attends regularly? Yes No

Would you be interested in learning more about the ministries of Community Christian Church? Yes No

Names and ages of siblings _____

Will you be able to settle accounts promptly? Yes No

Please explain why you wish your child to attend Community Christian Preschool _____

Will the student be living at home while attending CCP? Yes No

If not, with whom will the student be living?

Name _____ Phone _____ Relationship _____

Address _____

(Legal documentation giving authorizations to enroll and seek emergency care are required)

Medical History / Emergency Information: (Do not leave any blank spaces.)

Lisa any allergies or unusual medical information _____

Doctor _____ Address _____ Phone _____

Hospital Preference _____ Phone _____

Insurance Provider _____ Policy # _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Please read the following statement carefully and sign below to indicate your agreement.

I hereby pledge that I will pay my financial obligations to Community Christian Preschool on the date due. I understand that students whose accounts become delinquent may not be allowed at school until all accounts are current.

I authorize Community Christian Preschool personnel to seek medical treatment with the medical providers named above for my child in the event of an emergency. If no preference is listed, I give permission for my child to be treated by the Hemet Valley medical Center or the nearest emergency treatment center.

Occasionally CCP take photographs of the students while in the classroom, recess, or special events. I give consent to have my child's photograph published or displayed on our school website and other CCP venues.

Initial _____

I understand that the standard of Community Christian Preschool does not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that falsification of information on this form could lead to the student's suspension or expulsion.

My signature indicates my agreement to Community Christian Preschool's electronic sign-in/sign-out procedures. I understand it is my responsibility to keep a current list of authorized persons on the Emergency Contact form, and to inform the school of any changes.

I hereby certify my consent and submission to all governing policies of the school, including disciplinary policies as outlined in the Handbook for Parents & Students. It is understood that the services of the school are engaged in mutual consent, and that either I or the school reserve the right to terminate any or all services at any time. Admission to Community Christian Preschool is a privilege, not a right.

Signature of Father

Date

Signature of Mother

Date

Community Christian Preschool admits students of any race, color and national or ethnic origin.

Community Christian Preschool Emergency Contacts

Important: Please update the school immediately if any information changes. *Date Received:*

1. Student Information

Update Received:

Name _____
Address _____
City _____ State _____ Zip _____ Gender M ___ F ___
Home Phone _____ Race _____
Preschool: **2019-20**
Birthdate _____

2. Parent / Guardian Information

Parents or guardians listed below have permission to pick up the child, unless otherwise indicated. Notify the school office immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the school office with a copy of the order.

1. Parent's/Guardian's Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
Work Place _____ E-mail _____
2. Parent's/Guardian's Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
Work Place _____ E-mail _____

3. Local Contact Information

Those designated below are authorized to pick up my child from school in an emergency.

1. Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
2. Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____
3. Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____

4. Out-of-Town Contact Information

Name _____ Relationship _____
Home Phone _____ Cell _____ Work _____

5. Medical / Physician Information

List students known allergies or medical conditions _____

Doctor _____ Phone _____
Hospital Preference _____ Insurance _____
Dentist _____ Phone _____

In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature _____ Date _____