

Community Alliance Church Preschool Information

Welcome to Preschool!

Community Alliance Preschool offers a caring Christian learning environment for children ages 3-5. The flexible daily routine offers children the opportunity to explore and problem-solve as they grow socially, physically, and academically. Daily lessons and activities incorporate math, literacy & language development, creativity, science, music and sensory exploration. The classroom environment is designed specifically to encourage hands-on learning as children prepare for success in kindergarten.

Classes will run September through May, following the Detroit Lakes Public School Calendar. Tuition is to be paid by the 5th of each month.

We welcome visitors! Feel free to call for more information or to set up a time to visit!

PLEASE SUBMIT THE FOLLOWING TO COMPLETE ENROLLMENT **For Preschool**

- _____ Admission Form
- _____ Non-refundable Registration Fee
- _____ Immunization Record
- _____ Health Care Summary
- _____ Medical Information Form

408 Elm Street West
Detroit Lakes, MN 56501
218.847.2266 Fax 218.847.3011
www.cacdl.com/preschool.html



Preschool Registration

Must be 3 by 9/1/2022

Student's name _____

Date of birth _____

Preschool class

_____ M-W-F 8:30-11:30

Cost \$175/month

Registration Fee \$35

LUNCH BUNCH!!! Bring a sack lunch and stay till 1:00. (*optional*)

_____ Option #1— Monday and Wednesday Cost \$55/month

_____ Option #2— Monday only Cost \$30/month

_____ Option #3— Wednesday only Cost \$30/month

2022-23 Community Alliance Preschool Admission Form

Child's name _____ Nickname _____

Street Address _____ City _____

State _____ Zip _____

Birth date _____ Sex: Male Female

Father's name _____ Mother's name _____

Home phone # (Father) _____ (Mother) _____

Cell phone # (Father) _____ (Mother) _____

Work phone # (Father) _____ (Mother) _____

Email address: _____

List two emergency contact persons:

Name _____ Address _____ phone _____

Name _____ Address _____ phone _____

Please list persons authorized to pick up your child & a phone # for each contact:

Does your child have any special needs that we should be aware of? _____

Is your child fully immunized? Yes No *(Please enclose a copy of your child's immunization record-they may not begin school without this.)*

Does your child have any allergies that require prescribed medication? _____

How did you hear about our preschool? _____

Please list your child's physician _____

Clinic _____ Address _____ phone # _____

Please list your child's dentist _____

Address _____ phone # _____

Will this be your child's first experience in a group? *(Sunday School, preschool, or daycare)* _____

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

ADMISSION AGREEMENT:

I have attached the NON-REFUNDABLE registration and supply fee. I hereby agree to pay the tuition monthly on or before the 5th of each month and I am agreeing to enroll my child for the school year.

Signed _____ Date _____

For office use: Amount paid _____ Check # for registration fee _____

HEALTH CARE SUMMARY



MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment _____

NAME OF CHILD _____ BIRTH DATE _____

ADDRESS _____ TELEPHONE _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's...
 Vision _____
 Hearing _____
 Speech _____

Please list below the important health problems:

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed by Other Medical Sources</u>	<u>Requires Special Attention at Center</u>

Other information helpful to the child care program _____

Signature of Health Care Source

Date

Phone _____

Name _____

Address _____



408 Elm Street West
Detroit Lakes, MN 56501
(218) 847-2266
(218) 847-3011 (fax)

cacdl@arvig.net
www.cacdl.com

Preschool Teacher:
Nelaina Daggett

Medical Information Form

In case of an emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Community Alliance Church of Detroit Lakes, Minnesota permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Community Alliance Church. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Community Alliance Church from liability in acting on my behalf in this regard so long as Community Alliance Church is not grossly negligent.

Name _____ Birth date _____

Address _____ Zip _____

Social Security Number (optional) _____

Emergency Contact Person _____ Phone _____

Alternative Contact Person _____ Phone # _____

Nearest Relative or Friend-Name _____

Address _____ Phone # _____

Doctor's Name _____ Phone # _____

Insurance CO. _____ Policy/Group No. _____

Allergies _____ Medication _____

Medication Allergies _____

Additional information _____

School Year _____

Parents/Guardian signature

Date
