

**KINGSWOOD CHRISTIAN PRESCHOOL AT CROZET UMC  
2010 – 2011 REGISTRATION FORM**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please select preferred preschool program:

- ◇ **2 DAY PROGRAM (Tuesday/Thursday) for 3 year olds - \$190 per month**
- ◇ **3 DAY PROGRAM (Monday/Wednesday/Friday) for 3 year olds - \$225 per month**
- ◇ **4 DAY PROGRAM (Monday - Thursday) for 4 year olds - \$255 per month**
- ◇ **5 DAY PROGRAM (Monday – Friday) for 4 year olds - \$280 per month**

Please submit a **registration fee** of **\$75.00** per child when submitting your registration form. This fee is **not** refundable. Please make checks payable to Kingswood Christian Preschool. If an opening is unavailable and your child is wait-listed only, your registration check will be voided. If you prefer your check returned, please call (434) 823-1258. A 10% tuition discount is available for siblings.

**September tuition and an annual Activity Fee are due August 5, 2010.** If the KCP Treasurer does not receive September tuition by August 10, 2010, we will assume your child will not attend our preschool and the opening will be given to another child. September tuition is not refundable after August 15, 2010. Thereafter, monthly tuition is due the 5<sup>th</sup> day of each month, September through April, for the following month. (i.e., tuition for November is due October 5, 2010) One month's written notice is needed to withdraw a child from preschool during the school year. Otherwise, the following month's tuition is forfeited. Please mail all tuition payments to:

Kingswood Christian Preschool at Crozet UMC  
Attn: Evelyn Cotton  
P.O. Box 70  
Crozet, VA 22932

**The following forms** are required before a child is allowed to begin preschool:

1. 2010 - 2011 KCP Admission Application
2. Commonwealth of VA School Entrance Health Form or copy of immunization records
3. Photocopy of child's birth certificate
4. 2010 - 2011 KCP Emergency Contact / Medical Release Form

I have read and accept all terms and conditions stated above:

\_\_\_\_\_  
Parent/Guardian Signature Required

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date