



## Christian Preschool

Dear Parents,

Thank you for taking a registration for Fall 2019.

The classes we offer at Kids Alive are:

**Preschool:** \*For children 3 years old by August 1, 2019

Tuesday & Thursday 9:00-11:30 a.m.

OR

Wednesday & Friday 9:00-11:30 a.m.

Tuition is \$90.00 per month

(There is a one time only material/registration fee of \$100.00 due at the time of registration.)

**Pre-Kindergarten (3day):** \*For children 4 years old by August 1, 2019  
(Or Kids Alive Preschool teacher evaluation)

Tuesday, Wednesday, Thursday 9:00-11:30 a.m.

OR

Tuesday, Wednesday, Thursday 12:30-3:00 p.m.

Tuition is \$120.00 per month

(There is a one time only material/registration fee of \$100.00 due at the time of registration.)

**Pre-Kindergarten (4day):** \*For children 5 years old by December 1, 2019  
(Or who have been prescreened by Kids Alive Director)

Tuesday, Wednesday, Thursday, Friday 9:00-11:30 a.m.

Tuition is \$160.00 per month

(There is a one time only material/registration fee of \$100.00 due at the time of registration.)

Please make a check payable to Covenant Kids Alive Preschool.

Sincerely,

Handwritten signature of Rene Maule in cursive.

Rene' Maule, Director  
[rmaule@covenantepc.org](mailto:rmaule@covenantepc.org)

Handwritten signature of Dawn Synesael in cursive.

Dawn Synesael, Assistant Director  
[dsynesael@covenantepc.org](mailto:dsynesael@covenantepc.org)

Kids Alive Preschool admits students of any race, religion, color, national or ethnic origin.



# COVENANT KIDS ALIVE PRESCHOOL REGISTRATION FORM 2019

Date Received \_\_\_\_\_

Reg/Material Fee \_\_\_\_\_

Check# \_\_\_\_\_ Cash \_\_\_\_\_

FOR OFFICE USE ONLY

Name of Child: \_\_\_\_\_  
Last First Middle

Name by which you wish your child to be called: \_\_\_\_\_

Street City Birth Date: \_\_\_\_\_ Zip Code

Phone Gender: Male Female

Email

**3 year old class** (by 8/1/19)

**4 year old class** (by 8/1/19)

**4/5 year old class** (by 12/1/19)

Prefer T/T \_\_\_\_\_

Prefer A.M. \_\_\_\_\_

Meets T/W/T/F \_\_\_\_\_

Prefer W/F \_\_\_\_\_

Prefer P.M. \_\_\_\_\_

No Preference \_\_\_\_\_

No Preference \_\_\_\_\_

With whom is the child living? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Where employed? \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Where employed? \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Names and ages of brothers \_\_\_\_\_

Names and ages of sisters \_\_\_\_\_

Has your child attended any preschool previously? \_\_\_\_\_

If so, where? \_\_\_\_\_

Characteristic behavior: calm, excitable, easily angered, shy, aggressive, happy,  
friendly, cooperative, etc. \_\_\_\_\_

Hand preference noted \_\_\_\_\_

Fears (history and manifestation) \_\_\_\_\_

Favorite play activities, such as blocks, paints, etc. \_\_\_\_\_

Special experiences or interests, such as trips, bugs, flowers, etc. \_\_\_\_\_

(over)

What kind of preschool experience would you like your child to have? \_\_\_\_\_

Any other information you would like to give us to help us better understand your child: \_\_\_\_\_

Special interest or experiences you have that you would be willing to share with the class: \_\_\_\_\_

Would you be willing to serve on the Parent Board? \_\_\_\_\_

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**HEALTH**

Name of child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Serious accidents \_\_\_\_\_ Operations \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Handicaps (eyes, ears, feet, etc.) \_\_\_\_\_

Has your child ever had a seizure? \_\_\_\_\_

If so, what kind? \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child tire easily? \_\_\_\_\_

Does your child become excited easily? \_\_\_\_\_

Any toileting difficulties? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**EMERGENCY CONTACT**

I authorize this person to act on my behalf, if I cannot be contacted concerning my child.

1. \_\_\_\_\_  
Name Phone Relationship to child

2. \_\_\_\_\_  
Name Phone Relationship to child

For more information check out our website at [www.kidsalivewestlafayette.org](http://www.kidsalivewestlafayette.org) (or call 765-463-7303.)

Covenant Church  
211 Knox Drive  
West Lafayette, IN 47906