

2017 – 2018

**Kindergarten Enrichment Application**

2070 Ridgecliff Road, Columbus, OH 43221

[childcenter@covenantpcusa.org](mailto:childcenter@covenantpcusa.org)



The following non-refundable fee must accompany this application:

- \$50 Application fee (One application fee per family)

**The first of 9 tuition payments is due August 1, 2017. The last tuition payment is due April 1, 2018. Children must be 5 by Sept. 30, 2017. First day of Enrichment is August 16, 2017; the last day is May 25, 2018. The Kindergarten Enrichment program follows the Upper Arlington Schools calendar. When UA schools have scheduled days off, the Kindergarten Enrichment Program will not have classes. Classes run 5 days per week (M, Tu, W, Th, F) from 8:15 am – 11:45 am. Some part-time spots may be available. Children must bring a packed lunch. There is an annual \$50 non-refundable transportation fee for children needing transportation from Covenant to Tremont or Wickliffe for afternoon kindergarten. The transportation fee is added to the first month's tuition payment.**

**Full-Time Tuition: \$305 per month x 9 months (\$2,745 total tuition)**

**Part-Time Tuition: \$61 x number of days per week (2 days/ week would be \$122/month)**

**Please check your choice:** Full Time (5 days per week) \_\_\_\_\_

Part Time (fewer than 5 days per week) \_\_\_\_\_

Please circle the days you would prefer M Tu W Th F

(A limited number of part time spots may be available)

**Child's Name** \_\_\_\_\_ M/F \_\_\_\_\_ Birthdate \_\_\_\_\_

By what name should we call your child at school? \_\_\_\_\_

Child's Address (include zip code) \_\_\_\_\_

**Parent Information**

Father's Name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Training or Profession (whether currently working or not): \_\_\_\_\_

Current Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Training or Profession (whether currently working or not): \_\_\_\_\_

Current Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other

**Family Life**

Other children in the family

Name	Age	Grade	Sex
_____	_____	_____	_____
_____	_____	_____	_____

**Family religious preference or affiliation:**

Is your child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_  
 Has he/she been informed? \_\_\_\_\_

**Social Behavior**

How does your child get along with adults? \_\_\_\_\_  
 Does your child play with other children? \_\_\_\_\_  
 Is sharing and taking turns difficult? \_\_\_\_\_  
 Does he/she play well alone? \_\_\_\_\_  
 Does he/she like quiet, or more active play? \_\_\_\_\_  
 Does your child have any pets? \_\_\_\_\_ If so, what kind? \_\_\_\_\_  
 Will your child be attending any other school such as ballet class, Sunday school, etc.  
 this year? \_\_\_\_\_  
 What previous group experience has the child had and what was his/her  
 reaction? \_\_\_\_\_  
 What are his/her favorite T.V. programs? \_\_\_\_\_  
 How much T.V. does he/she watch daily? \_\_\_\_\_  
 How do you usually discipline your child? \_\_\_\_\_  
 How does he/she respond to babysitters? \_\_\_\_\_  
 Does he/she have any special fears? \_\_\_\_\_

**Developmental History**

Eating:

Appetite? \_\_\_\_\_  
 Problems? \_\_\_\_\_  
 Food Allergies? \_\_\_\_\_

(If food allergies are listed, please ask for an emergency medical plan form)

Sleeping:

Usual time to bed? \_\_\_\_\_ Time to rise? \_\_\_\_\_  
 Problems? \_\_\_\_\_  
 Does he/she nap? \_\_\_\_\_ or rest? \_\_\_\_\_

Has there been an unduly stressful situation which has occurred in your life that you would like to share with us?

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How has your child reacted to it? \_\_\_\_\_

**Where will your child attend kindergarten?** \_\_\_\_\_

**What are your expectations for how Kindergarten Enrichment can benefit your child?**

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What else should we know about your child?

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Use the back if necessary

Who answered this questionnaire? \_\_\_\_\_

Our class roster is distributed only to the teachers and current student's parents. Knowing this, may we print your name, address email and phone number in the class roster? Yes/No

If yes, how would you like for your names to appear?

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

Parent's Name(s) \_\_\_\_\_

How did you hear about Kindergarten Enrichment?

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Thank you for taking the time to complete this form. The information will help us to understand your child and meet his/her needs better. **This information will be confidential and will be used only by our school staff.**

**FOR OFFICE USE ONLY:**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Date Received: \_\_\_\_\_ Fees Received: \_\_\_\_\_

Check # \_\_\_\_\_ Confirmation Email Sent \_\_\_\_\_

Summer Mailing Sent: \_\_\_\_\_