

# Kindergarten Enrichment Application

2019 – 2020 School Year

Covenant Children's Center

2070 Ridgecliff Road, Columbus, OH 43221

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

614-451-6677 EXT. 23



To apply, return the completed application form and the \$50 non-refundable family application fee. The check should be made out to Covenant Presbyterian Church and must include your child's name and the program(s) to which you are applying.

## TUITION AND ADDITIONAL FEES

Full-Time Tuition: \$335 per month x 9 months (\$3,015 total tuition)

Part-Time Tuition: 2 days/week is \$140/month (\$1,260 total); 3 days/week is \$210/month (\$1,890 total)

Transportation fee: \$80 (total) to Tremont or Wickliffe (UA schools transport to Windermere – no fee required)

### Please check your choices:

\_\_\_\_\_ Full Time (4 or 5 days per week)

\_\_\_\_\_ Part Time (2 or 3 days per week)

Circle the days you would prefer: M Tu W Th F

Do you have flexibility in the days of the week? Yes/No

\_\_\_\_\_ Transportation needed to Tremont or Wickliffe

### IMPORTANT!!!!

If you are also interested in after school care for your child (2:50 – 6:00 p.m.), that requires a separate application form.

\_\_\_\_\_ Check here if you are also applying for the after school program

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

What name should we use for your child at school? \_\_\_\_\_

Elementary School Name (Tremont, Wickliffe, Windermere, Other): \_\_\_\_\_

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

### Parent/Guardian Information

Name \_\_\_\_\_

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

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

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

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

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

Name \_\_\_\_\_

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

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

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

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

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

Thank you for taking the time to complete the information below. The information you enter will help us to better understand and meet your child's needs. The information will be confidential and will only be used by our school staff.

### Family Life

Parents' Marital Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Other

Others living in the child's home:

Name	Age (N/A for adults)	Grade (if applicable)	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use the last page of this form or attach a separate sheet if you need more space

Family religious preference or affiliation: \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ At what age? \_\_\_\_\_

Has your child 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 your child play well alone? \_\_\_\_\_

Does your child like quiet, or more active play? \_\_\_\_\_

Does your family 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 your child had and what was your child's reaction? \_\_\_\_\_

What are your child's favorite T.V. programs/videos? \_\_\_\_\_

Do you limit your child's daily screen time? \_\_\_\_\_ If so, what is your usual limit? \_\_\_\_\_

How do you usually discipline your child? \_\_\_\_\_

How does your child respond to babysitters? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

### Developmental History

Eating:

Appetite \_\_\_\_\_ Problems? \_\_\_\_\_

Food allergies \_\_\_\_\_

Dietary restrictions for religious or other reasons \_\_\_\_\_

Sleeping:

Usual time to bed \_\_\_\_\_ Time to rise \_\_\_\_\_ Problems? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ or rest? \_\_\_\_\_

Medical:

Concerns or special care requirements: \_\_\_\_\_

## Additional Information

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? \_\_\_\_\_

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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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Please use the last page of this form or attach a separate sheet if you need more space

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

Our class roster may be distributed to current students' parents/guardians by request only. Knowing this, may we print your name, address, email and phone number in the class roster? Yes/No

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

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

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

How did you hear about Kindergarten Enrichment? \_\_\_\_\_

Are you a church member? \_\_\_\_\_

Currently or formerly enrolled? \_\_\_\_\_

If so, when, and which program(s)? \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

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

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

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

Summer Email Sent: \_\_\_\_\_