



Kindergarten Pre-Enrollment Form

At Crown School, every effort is made to establish a positive experience for your child. Not every child/parent is ready for the separation and the school experience. We will work with the parent and the child to make the transition a pleasant one.

PARENT OR GUARDIAN NAME:

_____ *First Name* _____ *Middle Name* _____ *Last Name*

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Home Phone *Work Phone (include area code)* *Cell Phone (include area code)*

_____ *Number & Street* _____ *Apt No.* _____ *City* _____ *State* _____ *ZIP*

• STUDENT #1:

_____ *First Name* _____ *Middle Name* _____ *Last Name* _____ *Male* _____ *Female* _____
Gender _____ *Date of Birth* _____ *Grade Entering*

_____ *Name of Previous School Attended* _____ *Phone* _____ *Fax* _____ *City* _____ *State*

SPECIAL NEEDS

Does this student have any medical conditions? Yes No If yes, explain on back of sheet

Does an active IEP presently exist for this student? Yes No

Is this student participating in an English Language Learner Program (ELL)? Yes No

Will ENRICHMENT SERVICES be needed for this student? Yes No

The state no longer pays for full day Kindergarten. Full day is available for a fee. Please check if you wish 1/2 day or full day Kindergarten.

I would like full day Kindergarten.

I would like 1/2 day Kindergarten.

1/2 day Kindergarten – free
Full day Kindergarten - \$200 per month + \$100 refundable deposit
Enrichment fee (full day students only) \$100 per month + \$50 refundable deposit - 6:00am-6:00pm

Is your child repeating Kindergarten? Yes No

If Yes:

_____ (____) _____ - _____ (____) _____ - _____ _____
Name of Previous School Attended *Phone* *Fax* *City* *State*

School Hours:

1/2 Day Kindergarten 7:55 am – 10:30 am / Full Day Kindergarten 7:55 am -1:30 pm

Parents will need to provide for each child the following:

- Birth Certificate (or other approved document)
- Signed Withdrawal Form from Last School Attended
- Emergency Contact Information – Names, Phone Numbers
- Complete Immunological Record
- Copy of Insurance Card

Parent Signature: _____ Date: _____