

CENTER PLACE RESTORATION SCHOOL**ENROLLMENT APPLICATION | PRESCHOOL**

819 W Waldo Ave Independence, MO 64050

To Be Completed by the Parent or Guardian*COMPLETE AND RETURN WITH \$150 NON-REFUNDABLE APPLICATION FEE***(Please type or print clearly)*Name of Student (FULL legal name (first, middle, last), as shown on birth certificate) _____ Nickname _____ DOB _____ Age as of July 31 _____ Gender: ☐ M ☐ F

Home Address _____ Number and Street _____ City _____ State and Zip Code _____ Telephone # _____ Social Security # _____

T / W / TH (half-day has the option to switch to full-day mid-year) ☐ **FULL DAY** ☐ **HALF DAY**Does the student have a brother and/or sister applying to this school? ☐ Yes ☐ No

If yes, list all sibling(s) name(s) and grade(s): _____

Other children in family: (please include ages) _____

CHILD CUSTODY: Any restrictions on the rights of your child's non-custodial parent which pertain to his/her involvement in normal activities in the school?☐ Yes ☐ No (If yes, provide a copy of the legal documents with restrictions.)**APPLICANT LIVES WITH:** ☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian (If guardian, official guardianship papers must be on file at CPRS.)

Religious Affiliation _____

FATHER'S (Guardian's) Last Name _____ First Name _____

Home Address _____

Phone # _____ Unlisted: ☐ Yes ☐ No

Email address _____

Occupation _____

Employer _____ Phone # _____

Church/Branch you attend _____

ALUMNI: ☐ Yes ☐ No Yr Graduated _____ or grds/years atnd. _____**MOTHER'S (Guardian's)** Last Name _____ First Name _____

Home Address _____

Phone # _____ Unlisted: ☐ Yes ☐ No

Email address _____

Occupation _____

Employer _____ Phone # _____

Church/Branch you attend _____

ALUMNI: ☐ Yes ☐ No Yr Graduated _____ or grds/years atnd. _____**PAYMENT PLAN:** ☐ **10 month (August 1 – May 1)** ☐ **Payment for full year - by the first day of school****PERMISSION TO RECEIVE INVOICE DIGITALLY:** ☐ Yes ☐ No Email address (if other than listed above) _____**PERMISSIONS:**

(Please Check One and Initial)

☐ **I DO** -or- ☐ **I DO NOT** give permission for my student's image to be reproduced in the promotional materials for Center Place Restoration School, i.e., website, newsletters, newspaper articles, social media, and advertising. **INITIAL HERE:** _____

(Please Initial)

I / We give permission for him/her to take part in activities sponsored by the school, including P.E. classes, field trips, athletic events, concerts, etc., on or away from school premises, and absolve the school from liability due to any injury to my child at school or during any school activity. I further pledge my support and agreement with the standards of conduct and discipline of Center Place Restoration School. **INITIAL HERE:** _____**(Please sign indicating acceptance of the below statement.)****I / We hereby state that the information contained in this application is correct and true to the best of my knowledge. Completion and submission of this application indicates your acceptance of the policies and procedures outlined in the CPRS Parent/Student Handbook.**_____
Parent / Legal Guardian Signature_____
Date**FOR CPRS STAFF ONLY:**Received: ☐ \$100 Application Fee Date Paid _____☐ Previous Tuition Paid? (for older students or repeat PreK student)

Date: _____ School Year: _____

Grade Entering: _____ Student ID#: _____

☐ New Student ☐ Returning Student ☐ Previous School Records (new applicants) ☐ Immunization Records (new applicants)

PERSONAL HISTORY:

Indicate preference of hospital in the event of an emergency _____

Child's Physician _____ Telephone# _____

Please list all childhood diseases your child has had _____

Does the applicant regularly require any medication? (If yes, please explain.) _____

Does the applicant have any known allergies? (If yes, please list.) _____

Does the applicant have any physical limitations, including speech or hearing issues? (If yes, please explain.) _____

Does the applicant speak English as his/her second language? (If yes, please list what language is spoken at home.) _____

Has the applicant ever been diagnosed by school or physician as having any type of learning problems – physical, emotional, mental, or behavioral (If yes, please explain.) _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD (OR EXEMPTION CARD) WITH THIS APPLICATION.

PRESCHOOL CHECKLIST:

(Please Check Applicable Items and Initial Each Section)

Must be able to do these items: **INITIAL HERE:** _____

- ☐ Sit still for story-time (10-15 minutes)
- ☐ Fully potty trained

Must be able to do 50% of these items: **INITIAL HERE:** _____

- ☐ Use words to express emotions
- ☐ Manage emotions (i.e., no excessive crying)
- ☐ Complete a project or activity
- ☐ Recognize emotions
- ☐ Take turns
- ☐ Share toys
- ☐ Listen and follow simple instructions
- ☐ Separate from parents
- ☐ Enjoy doing things for themselves
- ☐ Recognize some shapes and colors
- ☐ Recite the ABCs and recognize a few letters
- ☐ Express thoughts and needs verbally
- ☐ Recite their whole name
- ☐ Count to 5
- ☐ Draw with a crayon or pencil

Notice of Nondiscriminatory Policy: Center Place Restoration School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.)