

# Transitional Kindergarten Application



## 2020-2021 School Year

Cold Springs Preschool  
2550 Cold Springs Road, East,  
Concord, NC 28025

For office use only:

Date: \_\_\_\_\_

Class: \_\_\_\_\_

Application Fee paid \_\_\_\_\_

Phone: 704-782-1875; Fax: 704-793-4629; Email: [preschool@coldspringsumc.org](mailto:preschool@coldspringsumc.org)

Transitional Kindergarten is a unique program that allows your child to get an extra year to learn and grow with a more structured and challenging curriculum before going to Kindergarten. Our program will allow your child to be challenged and be equipped for greater success the following year by giving him/her the gift of time. Transitional Kindergarten bridges the gap from our Junior Kindergarten program to Kindergarten.

**Transitional Kindergarten Monday—Friday 8:45am—12:30pm \$240/mo.**

- **Application Fee \$60** (\$10 off application fee if returned by April 15, 2020) (Non-refundable).
- You provide a peanut-free lunch for your child.
- All children must be **current on immunizations**.
- I understand this is a 9-month commitment. The annual tuition is broken down into 9 equal monthly payments. The first month's tuition is due by August 1 and then on the 1st-5th of each month, September—April.

Child's Full Name: \_\_\_\_\_

Name called: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age \_\_\_\_\_

Address: \_\_\_\_\_

Regularly checked email: \_\_\_\_\_

Child lives with: Both parents      Mother      Father      Other: \_\_\_\_\_

**Mother's/Guardian's Name:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Preferred method of contact: (please circle)

Work #: \_\_\_\_\_ Cell #      Home #      Work #      Email

**Father's/Guardian's Name:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Preferred method of contact: (please circle)

Work #: \_\_\_\_\_ Cell #      Home #      Work #      Email

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

**In case of emergency (if mom/dad are not available):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

**Physician Information:**

Name of Child's Doctor: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_

Dentist's Phone #: \_\_\_\_\_

**Emergency Consent:**

I give my permission to my child's teacher or Preschool Director to authorize Emergency care for my child in the event: No family emergency contacts can be reached, the child's family physician can't be reached, or the Preschool staff deems the situation to be an emergency.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

I give permission for my child's photo to be used for school projects, displays or programs.

Yes  No

I give permission for my child's photo to be displayed in the church hallways.

Yes  No

I give permission for my child to take campus walks with supervision.

Yes  No

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

### Medical History

Will medical devices be provided to preschool?  Yes  No

If yes, in case of emergency, my child will have the following medical devices at school provided by the parent/guardian:

(Please circle)      Epi-pen      Asthma Inhaler      Other: \_\_\_\_\_

Does your child have any known health concerns (i.e. asthma, allergies, chronic health issues, developmental delays, etc.)?  Yes  No      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your child's allergies: \_\_\_\_\_

\_\_\_\_\_

My child will be up-to-date on all immunizations by the first day of school.  Yes  No

**ATTACH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATIONS TO THIS FORM.**

Date of last physical exam: \_\_\_\_\_

Has your child been diagnosed with any medical conditions the preschool should be aware of?

Yes       No      If yes, please indicate: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_