Date Received: _____



Clear Fork Christian Preschool & Learning Center 12 Cleveland Street Butler, Ohio 44822 (419) 565-2309

ClearForkChristianPreschool@yahoo.com www.CFCPreschool.org

Please enclose nonrefundable registration fee with application and mail to address above

Child's Name					
PRESCHOOL ONLY Registration/Supply Fee \$60.00/class 4 days (Monday-Thursday) 4-5 years	FULL DAY CHILDCARE OPTION Registration Fee \$25.00 Less than 4 hours- \$20/day 4 or more hours- \$35/day				
\$175/month □ 8:15a – 10:45a OR □ 12:00p-2:30p	□ Monday				
2 days 3-4 years \$100/month	□ Tuesday				
☐ Monday/Wednesday AM (8:15a – 10:45a)	□ Wednesday□ Thursday				
□ Tuesday/Thursday AM (8:15a – 10:45a)	□ Friday				
year. This replaces a supply list and the teachers will get the supplies needed including but not limited to: glue, crayons, markers, tissues, scissors, pencils, etc. LATCHKEY PR Kindergarten – 5 Registration F	5 th Grade				
Before School- (6:30a-8:15a) \$10/day					
\$23/day for before and after school Monday					
□ Tuesda	ay				
□ Wednes	day				
□ Thursd	•				
□ Frida					
	ĺ n				

Child's Name						
Sex □ M or □ F	Age (as of 8/1/24)	D	ate of Birt	h		
Home Address			City		Zip	
Mom Phone #		Text?	Yes □	No □		
Dad Phone #		Text?	Yes □	No □		
Email Address						
School District & Ele	mentary					
Mother's Name		(Occupation	1		_
Employer		Business #				
Father's Name		Occupation				
Employer		Business #				
_	chold (indicate relationsh					
Name		Relationsh	nip			Age
1						
2						
3						
4						
		(OVER)			
Child's Name						

Does your family attend church? If so, what church						
ecial health need	ls?					
	Injuries?					
Illnesses? Fears?						
the following ar	reas: (check any that apply)					
Vision □	Hearing □	Motor Skills □				
kills □	Behavioral Functioning □	Cognitive Skills □				
ckname? If so, w	vhat is it?					
hild to write his	/her name on paper(i.e Michael/Mi	ike or McKenzie/Kenzie)?				
and who are au	thorized to pick your child up fron	n preschool.				
	Relationship	Phone				
	the following an Vision kills ckname? If so, we child to write his expecial needs/or parents, please I and who are autor needs a written	recial health needs? Fears? the following areas: (check any that apply) Vision □ Hearing □ kills □ Behavioral Functioning □ ckname? If so, what is it? whild to write his/her name on paper(i.e Michael/M				

I give my permission for my child's name, address, and telephone number to appear on a class roster to be given to each parent. This roster will be given only to parents and staff members.

No □

Parent Signature	Date

Preschool & Childcare Information

• Students for the 4&5 year old classes need to be 4 years of age by August 1, 2025

Yes □

- Students for the 3&4 year old classes need to be 3 years of age by August 1, 2025
- All students MUST be fully potty-trained before the first day of school (including Pull-Ups)

Childcare ONLY Information

- Drop off begins at 6:30a
- Students need to be at least 3 years of age
- Parent provides lunch and Learning Center provides afternoon snack
- Must be picked up by 6:00p

Latchkey Program (Preschool – 5th grade)

- Morning Preschool students can be dropped off starting at 6:30a before preschool for \$10/morning
- Children can be dropped off at 6:30a and will be taken up to Butler Elementary by a Childcare Staff Member at 7:45a
- Breakfast will be served from 6:30a 7:30a.
- Afternoon Preschool class may stay for After School care (drop off at 12:00p for Preschool and may stay until 6:00p for an additional \$18/day)
- Students will be met by Childcare Staff at Butler School at 2:55p and will be walked down to CFCP&LC for after school care
- Students will be given an after-school snack provided by Learning Center
- Students must be picked up by 6:00p