Covenant Cottage

Kindergarten Enrollment Application

Academic Year: 2026–2027

Office Address 15714 SE 60th Terr
352 317 6880
leighg04@gmail.com

1. Student Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Gender: [ ] Male [ ] Female

Home Address: _____

City, State, Zip: _____

Primary Language Spoken at Home: _____

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2. Parent / Guardian Information

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

Home Address (if different): _____

Parent/Guardian 2

Full Name: _____

Relationship to Child: _____

Phone and Cell Number:_____

Email Address _____

3. Emergency Contacts & Pickup Authorization

Please list two trusted individuals authorized to pick up your child or be contacted if parents cannot be reached.

Contact 1

Full Name_____

Relationship to Child: _____ Phone:_____

Contact 2

Full Name_____

Relationship to Child: _____ Phone: _____

4. Medical & Health History

Name of Pediatrician/Clinic_____

Phone Number: _____

Known Allergies (Food, MedicationEnvironmental):_____

_____

Medical Conditions or Regular Medications:_____

_____

Does your child have an IEP (Individualized Education Program) or 504 Plan?

[ ] Yes [ ] No (If yes, please provide a copy for our team to best support your child).

5. Getting to Know Your Child

Has your child attended daycare or preschool before? [ ] Yes [ ] No

If yes, name of previous school/daycare: _____

Please share any interests, strengths, or comforts that will help us welcome your child:_____

Are there any behavioral, social, or emotional needs we should support?

_____

_____

6. Consents & Authorizations

Please check the boxes to grant permission.

[ ] Emergency Medical Care: I authorize the school to seek emergency medical treatment for my child if parents/guardians cannot be reached.
[ ] Photo & Media Release: I grant permission for the school to use photos/videos of my child for marketing, website, and social media.
[ ] School Directory: I consent to share our family contact info in the school directory.

7. Parent Signature

By signing below, I certify that all information provided in this application is accurate and complete to the best of my knowledge.

Parent/Guardian Date: _____ / _____ / _____

Signature: _____

8. Tuition Agreement & Financial Policy

A. Tuition Plan Selection

Please check your preferred payment schedule:

[ ] Annual Plan: $ 3,325 total (Paid in full by first day of school], includes 5% discount

[ ] Semi-Annual Plan: 2 payments of $1,750 (Due on first day of school and first day of second term])

[ ] Monthly Plan: 10 installment payments of $350 (Due on the 1st of each month, September through June)

B. Non-Refundable Fees

Application & Registration Fee: A non-refundable fee of $100 is due with this application to secure your child's enrollment slot.

Activity Fee: A non-refundable fee of $100 is due by the first tuition payment to cover extra activities, classroom materials, and special events.

C. Financial Terms and Policies

Payment Deadline: All monthly tuition installments are due on the 1st calendar day of each month.

Late Fees: Payments received after the 5th of the month will incur a late fee of $25.

Returned Checks: A fee of $25 will be charged for any returned checks or declined automated payments.

Withdrawal Policy: Your first year's enrollment commits operational funding for the school term. If you must withdraw your child, a written 30-day notice is required. You will be responsible for tuition until the end of the current term. Paid fees and current-month tuition are non-refundable.

Absences and Closures: No tuition refunds, credits, or adjustments will be issued for student absences, illness, family vacations, scheduled holidays, or emergency school closures.

D. Financial Acknowledgment and Binding Agreement

By signing below, I acknowledge that I have read, understood, and agree to abide by the tuition rates, payment schedules, and financial policies outlined above. I accept full financial responsibility for the tuition and fees associated with enrolling my child at Covenant Cottage for the 2026–2027 academic year.

Responsible Billing Party Name (Print):

_____

Relationship to Student:

_____

Billing Address:

_____

Signature of Responsible Party:

_____ Date: _____ / _____ /_____

The following documents are required by law to ensure your child's records are complete and in compliance with the state requlations.

[ ] Completed and signed application form

[ ] Copy of student's Birth Certificate (for age verification)

[ ] Copy of updated Immunization Records or legal exemption form

[ ] Copy of Parent/Guardian Photo ID

[ ] Application/Registration Fee