

Celina Christian Preschool



841 N. Preston Road * P.O. Box 389 * Celina, TX 75009
Main: 972-382-2930 * Fax: 972-382-4055
www.CelinaPreschool.org

Train up a child in the way he should go ...

Procedure for Admission

2012-2013

CELINA CHRISTIAN PRESCHOOL admits students on a first come, first serve basis due to limited space. A completed **Admission Packet** must include all of the following items to ensure your child's placement in our preschool:

- * **Registration & Supply Fee:** The Registration & Supply Fee is due at the time the application is submitted and is non-refundable.
- * **Class Preference:** Your preferences should be clearly marked on (page 1).
CCP reserves the right to adjust class selection based upon class size and availability.
- * **Emergency Medical & Child Pick-Up Authorization** (page 2).
- * **Health Requirements:** Students entering our school must submit a current **Health Requirements** form (page 4) signed and dated by your child's physician, and an updated **immunization record**. If your child is 4 years of age and has a current vision & hearing test, please submit.
No student will be allowed to enter school without the proper health records on file.

PAYMENT OF TUITION AND FEES

Registration & Supply Fee:

- **One-Day Program** \$100 due with application
- **Two-Day Program** \$200 due with application
- **Three-Day Program** \$225 due with application
- **Five-Day Program** \$250 due with application

Tuition:

- **One-Day Program** \$ 80 per month
- **Two-Day Program** \$160 per month
- **Three-Day Program** \$240 per month
- **Five-Day Program** \$400 per month

NOTE: All tuition and fees are non-refundable. Monthly tuition payments begin September 1 and are paid in nine equal monthly installments through May.

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Enrollment Date _____

2012-2013 Admission Packet

STUDENT INFORMATION

Student's full name: _____
Preferred name: _____ (last) Male Female Birthdate: _____ (first) / _____ (middle) / _____ Age on September 1: _____
Address: _____ (street) _____ (city) _____ (state) _____ (zip)
Phone: (_____) _____ - _____ Has your child participated in preschool before? Yes No

FAMILY INFORMATION

Please Note: Parent's names, address, and home phone number will appear in our school directory.

Father / Legal Guardian Information

Name: _____
Home Address: _____
City _____ State _____ Zip _____
Employer: _____
Occupation: _____
Work address: _____
City _____ State _____ Zip _____
Home phone _____
Work phone: _____
Cell phone: _____
Email: _____
Driver's License No. _____
State _____

Mother / Legal Guardian Information

Name: _____
Home Address: _____
City: _____ State _____ Zip _____
Employer: _____
Occupation: _____
Work address: _____
City _____ State _____ Zip _____
Home phone _____
Work phone _____
Cell phone _____
Email _____
Driver's License No. _____
State _____

Student's Siblings

Names and Ages of Siblings: _____

CLASS PREFERENCES

Please check the appropriate class. The child must turn the age of the class by September 1 (*i.e. must be 4 years old by September 1 to enroll in the Pre4 class*).

Is your child potty trained? Yes No Partially Does child need assistance? Yes No

Pre1 (12-24 months by 09-01-12) _____ MW _____ T/TH _____ F
 Pre2 (two years old by 09-01-12) _____ MW _____ T/TH _____ T/W/TH
 Pre3 (three years old by 09-01-12) _____ MW/F _____ T/TH _____ T/W/TH
 Pre4 (four years old by 09-01-12) _____ MW/F _____ T/TH _____ M-F _____ T/W/TH

**Please check second choice in case your first preference does not make or the class is full.
Children are only to enroll in one class unless it has been approved.**

Signature of Parent / Legal Guardian _____

Date _____

Office Use Only: **Registration/Supply Fee:** Date: _____ Check #: _____ Amt: \$ _____

Teacher Assigned To: _____ **Schedule:** M/W, T/TH, M/W/F, T/W/TH, M-F, F

Date Completed: _____ Initial: _____

Name of Student: _____ Date of Birth: _____

PHYSICIAN INFORMATION

Child's Physician: _____

Physician's Telephone: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, accident, or serious illness in which medical attention/treatment is required for my child, I do hereby authorize that qualified and licensed medical personnel give treatment. I understand that I will be contacted first. If CCP is unable to reach me, my signature below authorizes CCP to exercise their own judgment in contacting my child's physician or make arrangements as deemed necessary to have my child transported to the emergency medical care facility listed below (*the facility of choice is not guaranteed*). I understand and agree that all expenses incurred in treatment will be assumed either directly by me or by my insurance company. I will not hold **CELINA CHRISTIAN PRESCHOOL** or **FIRST BAPTIST CHURCH OF CELINA** responsible for any emergency, accident, or serious illness that requires the use of this Emergency Medical Authorization.

Name of preferred Emergency Medical Care Facility: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Insurance Company: _____

Name of Insured: _____

ID #: _____ Group #: _____

Telephone: _____

PERMISSION*Please check all that apply:***Photo Permission** to use your child's image in newsletters and advertisement purposes for CCP: Yes No **CCP Website:** Yes No**Field Trip/Transportation Permission** to participate in field trips (four-year-olds only): Yes No**Water Activities Permission** to participate in: sprinkler play wading pool water table**DESIGNATED CONTACTS & PICK-UPS**

If I cannot be reached in the event of an emergency, an illness, or my child is left after school hours, **CELINA CHRISTIAN PRESCHOOL** has permission to contact the following person(s) to pick up my child. **NOTE: Please list these contacts in the order you prefer us to call them. You must list at least ONE contact. ALL information must be provided. Please use only LOCAL contacts with would be available. All addresses should be PHYSICAL addresses and not post office boxes. (Please list any additional contacts on reverse side.)**

1. Name: _____ Relationship: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Cell Phone: _____

Driver's License No.: _____ State: _____

2. Name: _____ Relationship: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Cell Phone: _____

Driver's License No.: _____ State: _____

3. Name: _____ Relationship: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Cell Phone: _____

Driver's License No.: _____ State: _____

STUDENT INFORMATION & CALL-IN CODE

Who will primarily bring the child to school? _____

Who will primarily pick up the child from school? _____

CALL-IN PASSWORD

The call-in password is used for the protection of your child. In the event you need to call **CELINA CHRISTIAN PRESCHOOL** with instructions for your child's release to any individual other than yourself, we will require this call-in password to verify that you are the child's parent.

Call-In Password: _____ Reminder Question: _____

Parent Signature _____

Name of Student: _____ Date of Birth: _____

HEALTH HISTORY (Please leave no blanks)

Does your child have any allergies? Yes No

If so, what?: _____

How are allergies manifested (rash, swelling, upset stomach, etc.)? _____

Does your child have asthma? Yes No

If so, what is the severity?: _____

Does your child have any physical handicaps? Yes No

If so, what? _____

Has your child ever had a vision test (required by age 4)? Yes No (if yes, please provide proof of results)

Has your child ever had a hearing test (required by age 4)? Yes No (if yes, please provide proof of results)

List any dietary restrictions: _____

List any physical restrictions that would affect participation in group activities: _____

Please describe your child's overall health: Excellent Good Fair Poor

Please give any additional information you think may be important for us (include any medical conditions or concerns):

Non-Discriminatory Policy

CELINA CHRISTIAN PRESCHOOL 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 administration of its educational policies, admission policies, scholarship, or other school-administered programs.

Parent Signature

Name of Student: _____ Date of Birth: _____

HEALTH REQUIREMENTS FOR 2012-2013

ADMISSION REQUIREMENT: The following must be presented when your child is registered to attend CELINA CHRISTIAN PRESCHOOL. This is not required if your child is a returning student.

- HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above-named child within the past year and find that he/she is physically able to participate in school activities. **A signed and dated copy of the child's most recent vaccination record is attached.** (Must be stamped with address of health-care professional.) If child is age four and over, a copy of the latest hearing and vision testing is also attached.

Date: _____

Signature of Health-Care Professional

- WAIVER:** Medical diagnosis and treatment conflict with the tenets and practices of our recognized religious organization, to which I adhere to or am a member. I have attached a signed and dated affidavit stating this fact.

PARENT STATEMENT

We acknowledge that we have read **A Parent's Guide to Child Care from the Texas Department of Family & Protective Services** (available on the website at www.dfps.tx.us). In addition, we understand that admission to **CCP** is subject not only to space available but also to the **CCP** policies, procedures, and guidelines. We further understand and acknowledge that continued enrollment of our child shall be subject to the payment of all fees and charges.

Signature of Father / Legal Guardian_____
Date_____
Signature of Mother / Legal Guardian_____
Date

CCP operations are public accommodations under the Americans with Disabilities Act (ADA), Title III.
If you believe that CCP may be practicing discrimination in violation of Title III, you may call the
ADA Information Line at (800) 414-0301 (voice) or (800) 514-0383 (TTY).

“Train up a child in the way he should go, and when he is old he will not turn from it.”
Proverbs 22:6