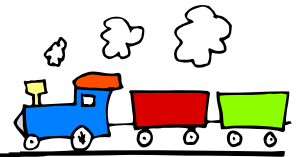


Celina Christian Preschool



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

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

2010 - 2011 Admission Packet

STUDENT INFORMATION

Student's full name: _____
(last) (first) (middle)
Preferred name: _____ Male Female Birthdate: ____ / ____ / ____ 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 09-01-10) _____ M/W _____ T/TH
 Pre2 (two years old by 09-01-10) _____ M/W _____ T/TH
 Pre3 (three years old by 09-01-10) _____ M/W/F _____ T/TH _____ T/W/TH (limited space)
 Pre4 (four years old by 09-01-10) _____ M/W/F _____ T/TH _____ T/W/TH (limited space)

Signature of Parent / Legal Guardian

Date

Office Use Only: Registration: Date: _____ Check #: _____ Amt: \$ _____ Class: Pre1 Pre1 Pre2 Pre3 Pre4

Teacher's Name: _____ Schedule : M/W T/TH M/W/F T/W/TH

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
- **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 Initials

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 (please provide proof of results)

Has your child ever had a hearing test (required by age 4)? Yes No (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 Initials

Name of Student: _____ Date of Birth: _____

HEALTH REQUIREMENTS FOR 2010-2011

ADMISSION REQUIREMENT: The following must be presented when your child is registered to attend **CELINA CHRISTIAN PRESCHOOL:**

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 our website at www.CelinaPreschool.org). 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).