

Community Christian Preschool



2021-2022 School Year New Student Enrollment

Spots are limited; make sure to secure your child's spot for the upcoming school year!



2021-2022 Preschool Enrollment

What's Needed?

- Registration Form
- Daycare “Admission Information” Form
- Physician’s Report
- Payment Agreement Form
- Student Computer & Internet Use Permission Slip (K4 only)
- Parent Code of Honor Form
- Photo Release Form
- Update Immunization Records
- Copy of Birth Certificate
- Copy of Custody Paperwork (if applicable)

Note: It takes at minimum 24hrs to process a re-enrolled student and new student. ALL papers must be completely filled out and turned in to be able to pay at the financial office.



Preschool Registration Form

Age of child on the first day of school: ___ 5 Mos. to 18 mos*. ___ 18 mos. to 24 mos. ___ 24 mos. to 30 mos.

___ 30 mos. - 36mos. ___ 36 mos. to 42 mos. ___ 42 mos. to 48 mos. **OR** ___ 4 yrs. by Sept. 1 ***limited availability**

Extended childcare needed (before and after school, not available for under 18 mo.) Full Time ___ Drop-in ___

FIRST NAME **MIDDLE NAME** **LAST NAME** **NICKNAME**

Street Address _____ City _____ State _____ Zip Code _____ Home Phone Number _____

Home School District _____

Social Security Number _____ Gender _____ Birthdate _____ Age _____

Father's Name _____ Cell Phone (_____) _____ Work Phone (_____) _____

Employer _____ Occupation _____

Email _____

Mother's Name _____ Cell Phone (_____) _____ Work Phone (_____) _____

Employer _____ Occupation _____

Email _____

Guardian's Name _____ Cell Phone (_____) _____ Work Phone (_____) _____

Employer _____ Occupation _____

Email _____

Child resides full time with: Mother/Father Mother only Father only Guardian
 Father/Step Mother Mother/Step Father Other _____

If the student's parents are divorced or are not married, which parent has legal responsibility for:

School Related Decisions: _____ School Bills: _____

Custody of the Student: _____ Receiving School Communications: _____

If there is custody paperwork, it must be on file with the school. ___ **No custody paperwork**

Emergency Contact (other than parents) Name _____ Cell Phone _____

Work Phone _____ Home Phone _____ Relationship to child _____

Person to whom child may be released (other than parents) Any additional names please list on a separate sheet of paper.

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name and grade of sibling(s) attending CCS _____

OFFICE USE ONLY

Registration Date _____ Payment Received _____

Admission Date _____

(First Day in Attendance) **Notes** _____

Account Set Up _____

Has student ever been refused admittance to or let go from any previous childcare facility?

If so, why? _____

Family Church

Check all that apply: attends church regularly parents attend church belongs to church's youth group

MEDICAL INFORMATION (If none apply please mark N/A and sign)

Physician's Name _____

Office Phone Number _____

1. List any current health conditions such as heart disease, headaches, diabetes, epilepsy, allergies, asthma, eye or ear problems, or any chronic conditions, etc.:

2. Are there any other physical conditions or data, the knowledge of which would be helpful to the school staff in better understanding your child?

3. My child is allergic to _____

4. List all regular medication (including inhalers) _____

Employees of the school may administer medication to a student provided:

1. The school has received a written request to administer the medication from the parent/legal guardian.
2. When administering prescription medication, the medication appears to be in the original container and to have an affixed prescription label with the student's name, name of drug, and the directions concerning dosage. Instructions about the duration of the medication period should be included.
3. Non-prescription medication must be in the original container and requires a written request to administer the medication from the parent with instructions concerning dosage which must be age specific.
4. A physician's written request to administer medication is required when the medication must be administered for more than 10 days. The student should **NOT** carry the medication with him/her or administer it to himself/herself unless specified by a physician. All medication is to be kept in the office. Please do not send medication in plastic baggies.

Parent or Guardian Signature _____

In case of joint custody, both signatures are required

Please read the following carefully, check, and sign the bottom.

____ My child _____ has my permission to participate in all activities planned as a part of any session of the school or day care, which includes field trips for PS3 & K4.

____ I understand the discipline policy for Community Christian School.

____ I have read and agree with the philosophy and objectives of Community Christian School.

____ I hereby authorize the school principal, nurse, or teacher in charge to give consent for emergency medical treatment if I, or the physician listed, cannot be reached immediately.

____ (PS3-K4 students only) I hereby authorize school personnel to transport my child in school provided vehicles to off campus school activities.

Signature _____ Relationship _____ Date _____

In case of joint custody, both signatures are required.

Signature _____ Relationship _____ Date _____

Community Christian School admits students of any race, color, national/ethnic origin to all 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/ethnic origin in administration or its educational policies, and other school administered programs.

ADMISSION INFORMATION

Operation Name <p style="text-align: center; font-size: 1.2em;">Community Daycare</p>		Director's Name <p style="text-align: center; font-size: 1.2em;">Taryn Quinn</p>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

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

Signature – Parent or Legal Guardian

Date



2021-2022 Physician's Report

Child's name: _____ DOB _____
has applied for admission in Community Christian Preschool. The daily activities include vigorous outdoor play. Please provide a report on the above-named child using the form below.

The above-named child is/is not physically and emotionally able to participate in the program described above.

Comments:

Physician's Name

Physician's Signature

Physician's Address

Physician's Phone #

Date



COMMUNITY CHRISTIAN PRESCHOOL/DAYCARE

2021-2022 Tuition Fees & Payment Agreement

The following document details the terms and conditions for the payment of all fees and financial obligations to Community Christian Preschool by its students and their parents (sponsors) for the 2021-2022 August-May School Year. **This contract must be signed by the person who is responsible for payments.** All fees and obligations are to be paid on a timely basis.

The following is a list of fees and specific payment dates. This list does not include all fees and obligations. Students will be notified of other expenses as they occur.

REGISTRATION FEE: The \$210 registration fee is non-refundable and non-transferable. The registration fee is due with registration papers before a student is officially enrolled in school. The registration fee and registration papers must be submitted to secure your child's spot in our program. This applies to new students enrolling and current students re-enrolling.

Preschool Weekly Tuition Fee

Nursery 5months-17months \$140

Hours: 7:30AM-4:30PM

Monday-Friday

18 months-5years old \$110

Hours: 7:15AM-2:45PM

Monday-Friday

Preschool and Daycare Weekly Tuition Fee

18 months-5years old \$140

Hours: 6:45AM-6:00PM

Monday-Friday

PRESCHOOL/DAYCARE TUITION:

1. Beginning in August 2021-2022 payments will be due on a weekly basis.
2. Tuition is due on the Monday of each week by 4:00 P.M. If it is not paid by the following Wednesday at 4:00 PM, a \$20 late fee will be added to the students account. If an account is not current by Thursday 7:30A.M. of each week, a child will not be allowed to attend until accounts are current. **NO EXCEPTIONS.**

Example: \$140 is due Monday August 17th, if not paid by Wednesday the 19th at 4:00 PM a \$20 late fee will be and the balance due will be \$160. If a balance is not paid by Thursday the 20th at 8:00AM a child may not attend until the account is paid in full.

3. Tuition fees for each week is due in full, even if a child attends for only a part of the week.
4. A \$20 computer fee will be charged to K4 students accounts in September of 2021.
5. A \$25 Graduation Fee will be charged to K4 students accounts on April 5, 2022.
6. All May payments must be made before K-4 graduation, or the student will not participate in graduation.
7. Any child who is not enrolled in full time daycare will be charged an hourly rate of \$5.00 per hour for every hour or part of an hour they are in daycare. This total is calculated at the end of the week and charged to your account on the following Monday.

Childcare fees are subject to change based on unforeseen changes in cost of childcare services. Should you receive *more than two final notices* on your account you are *be or dismissed from enrollment in Community Christian Preschool*. Any exceptions to this policy is at the discretion of our preschool director and staff.

I have read this Fees and Payment Agreement and understand and agree to the terms and conditions.

- *I understand that tuition and daycare fees may change between the date of this agreement and my child's start date. In the event fees change, I agree to pay the new tuition fees or forfeit my child's reservation at Community Christian Preschool.*
- *I understand that my commitment impacts the school's financial liabilities such as the school staff, vendors, service providers, and others. I understand that all payments are non-refundable, non-negotiable, and non-transferable.*
- *I understand that early withdrawal of my student can result in a negative impact on the school's obligations and if necessary, can require that I pay my obligation in full.*
- *I understand that early withdrawal in any case will require a two-week notice and my account is to be current in payments.*
- *I understand that non-payment of any fee due the school will result in termination of school services, and all past due bills are payable immediately.*
- *I understand that no student's records will be released for any reason until the balance of this obligation is paid in full.*

Parent or Guardian's Signature

Student's Name/Grade

Date

(Person signing contract is responsible for the bill)



Student Computer & Internet Use Permission Slip

Student Name: _____

Grade: _____
(As of August 2020)

Community Christian School recognizes the fundamental role technology plays in the 21st Century, as well as supports and encourages the appropriate and responsible use of technology in student learning. Community Christian School will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

The current policy, including rules and regulations can be found in our handbook online at www.ccsorange.org or may be obtained at the school.

It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, I acknowledge I have read and reviewed with my student the rules and regulations associated with the Community Christian School Technology Policy. Furthermore, I acknowledge these rules and regulations apply to both school and personal devices while on school property.

Parent/Guardian Signature

Date

As the parent/guardian of the student,

I DO

I DO NOT

give permission for my child to use the Community Christian School network in all the following ways: Internet services, Student Email, Google docs, and other services. This permission shall remain in effect unless changed explicitly by a guardian.

Parent/Guardian Signature

Date



Community Christian Preschool

Photo Release

I hereby authorize and give full consent to Community Christian Preschool to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of Community Christian Preschool. I further agree that Community Christian School may transfer or use these photographs in school brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, and like publications, literature, or materials without limitations or reservations.

Additionally, I agree that use of a photograph or photographs does not constitute in any manner a waiver of Community Christian Preschool policies, program, or rules, nor does continued use constitute and agreement to continue the child's enrollment.

I am the parent and/or guardian of _____
and certify I am authorized to execute this Photo Release.

Printed Name _____

Signature _____ Date _____

Relationship to child _____

Witnessed by _____



PARENT CODE OF HONOR

THE FOUR TENANTS OF THE CCS CODE OF HONOR

1. **Perspective:** Through an eternal perspective, one submits his/her attitude, rights and self to God and those He has placed in authority.

Key Concepts:

- I recognize that a Kingdom perspective and eternal perspective is more important than my personal agenda.
- I pledge to discourage an entitlement mentality in my child; I encourage him/her to be “others-centered”

2. **Purpose:** In pursuit of excellence in spiritual training and academic education, the mission of Community Christian School is:

❖ To equip students to walk in truth, embrace excellence, and impact the world for Christ.

Key Concepts:

- I recognize that the partnership between home and school is vital to fulfilling the mission of the school.
- I pledge to participate fully in my child’s academic and spiritual education.

3. **People:** God has called us to treat one another with honor. A Kingdom perspective means we choose to value others and treat them with dignity and respect, even when we are working through conflicts or disagreements.

Key Concepts:

- I will treat all school/church personnel with honor and dignity, and will require the same of my child.
- I pledge to work WITH my child’s teachers. I will believe the best instead of assuming the worst.
- I will settle disagreements or conflicts in a biblical and God-honoring manner.
- I understand that a critical spirit is detrimental to the partnership between school and family.
- I will refuse to gossip or complain about school personnel.
- I will build up the school’s reputation among other parents and the community.



4. **Property:** God has called us to be good stewards of the resources He has blessed us with. Stewardship carries over into all areas of one's life. Cultivating grateful hearts is an important part of a Kingdom perspective.

Key Concepts:

- I expect my child to treat school grounds and property with respect.
 - I agree consequences being given for any damage to school facilities or equipment.
- * Parents/students who are unable to abide by school policies and follow the Code of Honor for Parents will have their re-enrollment status for the next school year reviewed by the school board.



Community Christian Preschool's PARENT CODE OF HONOR AGREEMENT

Student Name: _____ Grade Going Into: _____

I have read and agree to abide by Community Christian Preschool's Parent Code of Honor.

Mother/Guardian's Name (Printed): _____

Mother/Guardian's Signature

Date

Father/Guardian's Name (Printed): _____

Father/Guardian's Signature

Date

*This paper must be turned in with all other paperwork for student to start.