



2016-2017 REGISTRATION PACKET

REGISTRATION DATES:

Current Students:

Tuesday, Feb. 2, 2016

Tuesday, Feb. 9, 2016

Current Student Packets Distributed

Current Student Packets to be Returned

New Registration:

Wednesday, February 17, 2016

(Registration fee and forms due at the time of registration)

9:00 a.m. Church Members & Open Registration

School Starts:

Tuesday, September 6, 2016 - 9 am - 2 pm

(Ones classes will dismiss at 11:30 am for the first week)

WHAT YOU WILL NEED TO REGISTER YOUR CHILD:

Registration Fee - Due Upon Enrollment:

An annual non-refundable registration fee of **\$220/child is due upon enrollment.** (to reserve your child's place in the program)
Fee includes major classroom supplies and CCP spirit T-shirt.

Registration Forms:

Please complete all forms listed below and return to CCP by the appropriate due date listed above. Be certain to obtain the required physician signature/stamp on the State of Texas form, a current shot record and include your registration fee. Shot records, hearing and vision screenings may arrive by the first day of school.

- 1 Page 1 - Registration Form
- 2 Page 2 - Authorized Student Pick-Up
- 3 Page 3 - Photo release, Spirit T-shirt & Classroom Directory Release
- 4 Page 4 - Authorization for Medical Treatment/Admission Information
- 5 Page 5 - Physician's Statement - Must be completed and signed by your doctor.
A copy of your child's current immunization record must be attached.



All forms must be filled out completely including required signatures and the registration fee paid before your child is enrolled in the program, (shot records must be on file on or before the first day of school.)

FLIP PAGE

CONTACT INFORMATION

● **Address:**

2600 Hall Johnson Rd.
Colleyville, TX 76034

● **Phone:**

Phone: 817.796.5123
Fax: 817.796.5124

● **Website:**

compasspreschool.com

REGISTRATION FEE:

An annual non-refundable registration fee of \$220/child is due upon enrollment (to reserve your child's place in the program).

Fee includes major classroom supplies and CCP spirit T-shirt.

TUITION PAYMENTS:


Tuition is the same amount every month, September - May including holiday months. Tuition is due by the 6th of each month and is late thereafter. Late tuition will be calculated at \$5 per day which includes all operating days for the preschool, Tuesday - Friday

We understand that the 1st of each month sometimes falls on a weekend or on a day we are not in school; please mark your calendar and plan accordingly. For your convenience, tuition may be paid online with the use of a credit card. Please visit our website for instructions and note that a 3% service fee will apply on all credit card transactions. Questions regarding tuition should be directed to our assistant director of finance, Lindy Pappas. 817-796-5123 Ext. 248.

TUITION:
Ones Classes

Tuesday & Thursday	9am - 2pm	\$250/month
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Twos Classes

Option 1: Tuesday & Thursday	9am - 2pm	1 \$250/month
Option 2: Tues./Thurs. & Friday	9am - 2pm	2 \$370/month

Threes Classes

Option 1: Tuesday & Thursday	9am - 2pm	1 \$250/month
Option 2: Tues./Thurs. & Friday	9am - 2pm	2 \$370/month

Fours Classes

Tues./Thurs. & Friday	9am - 2pm	\$385/month
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Transitional Kindergarten

Tues./Thurs. & Friday 9am-2pm	9am - 2pm	\$480/month
Wednesday	9am - 12pm	

DISCOUNT:

Families with multiple siblings in our program receive a \$50 per month discount for each additional child.

● Address:

2600 Hall Johnson Rd.
 Colleyville, TX 76034

● Phone:

Phone: 817.796.5123
 Fax: 817.796.5124

● Website:

compasspreschool.com

PRINT ALL INFORMATION CLEARLY

Please check the program option in which you wish to enroll your child.

1s Options	2s Options	3s Options	4s Options	Transitional Kindergarten
1s/2-Day _____	2s/2-Day _____ 2s/3-Day _____	3s/2-Day _____ 3s/3-Day _____	4s/3-Day _____	_____

Child's Date of Birth _____ Check: Male ___ Female ___

Current Teacher & Class (if applicable): _____ **4s & TKs - What school district do you live in and which elementary school will your child attend? _____

First Name _____ Middle _____ Last Name _____ What name is to be on nametag? _____

Address _____ City _____ Zip _____

Home Phone # _____ E-Mail _____

Mother's name _____ Father's name _____

Mother's daytime # _____ Father's daytime # _____

Mother's cell # _____ Father's cell # _____

Emergency Contact (Other than Parent):

Name: _____ Relationship: _____

Address _____

Daytime phone # _____ Cell phone # _____

List other siblings enrolled in this program and their date of birth:

Does your child attend church regularly? Yes ___ No ___ If yes, where? _____

If no, would you like to receive information about Compass Christian Church? ___ Yes ___ No

FOR OFFICE USE ONLY:

Date of Admission: _____ Start Date: _____ Date of Withdrawal: _____

Director's Initials: _____

Check #: _____ Amount: _____

Office Mgr. Initials: _____ Accountant's Initials: _____

Teachers: _____ Class Name: _____

Arena ___ Email & Nametag _____

PRINT ALL INFORMATION CLEARLY

Child's Full Name: _____

Parent or Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Business Phone: Mom: _____ Dad: _____

Cellular Phone: Mom: _____ Dad: _____

Mom's Occupation: _____ Dad's Occupation: _____

AUTHORIZED STUDENT PICK-UP RELEASE:

I hereby authorize CCP to allow my child to leave the school with only the persons listed below. In the event that a person "not listed" has to pick up my child, I understand that CCP must receive a phone call from one of the approved parents stating who that person will be. Persons listed DO NOT need to go to the office prior to pick up.

Upon arrival at CCP the unauthorized person must go to the preschool office and present their photo driver's license for copying and placing in my child's registration file. This procedure must be done even if the person picking up is a CCP parent or church employee. Once this is complete this person may proceed to the classroom for pickup.

DON'T FORGET > PARENT SIGNATURE: _____

1 Name _____ Address _____
 Relationship to Child _____
 Phone # _____ Cell # _____

2 Name _____ Address _____
 Relationship to Child _____
 Phone # _____ Cell # _____

3 Name _____ Address _____
 Relationship to Child _____
 Phone # _____ Cell # _____

4 Name _____ Address _____
 Relationship to Child _____
 Phone # _____ Cell # _____

5 Name _____ Address _____
 Relationship to Child _____
 Phone # _____ Cell # _____

6 Name _____ Address _____
 Relationship to Child _____
 Phone # _____ Cell # _____

PRINT ALL INFORMATION CLEARLY**PHOTO RELEASE:**

CCP does not use student photos for the website. Student photos are used for the classroom, Me Books, and student projects only.

I give CCP permission to photograph my child for purposes of school projects including the Me Books, classroom activities, and student projects. Yes No

DON'T FORGET >

PHOTO RELEASE PARENT SIGNATURE: _____ DATE: _____

SPIRIT SHIRTS:

Please select the size T-shirt your child will wear this school year. One shirt is included in the registration fee; additional shirts may be purchased through the school office. Shirts will be available for pick up at parent night or meet the teacher. All shirts are preshrunk.

- XSMALL (2/4)
 SMALL (6/8)
 MED (10/12)

CLASSROOM DIRECTORY:

Classroom Directory Release: Each classroom teacher compiles a class directory which includes each child's name, address, phone, parent email and parent names. This directory is distributed to the parents of each child for use during the school year. Please sign below indicating whether or not you want your information published.

Yes, please include our family in the Classroom Directory

No, do not include our family in the Classroom Directory

DON'T FORGET

PHOTO RELEASE PARENT SIGNATURE: _____ DATE: _____

PRINT ALL INFORMATION CLEARLY

Child's Name

Date of Birth - Month/Day/Year

Physician's Name & Address

Physician's Phone Number

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of Compass Christian Preschool to administer first aid to and/or call 911 to transport _____ (my child) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release CCP and any health care provider, and any of their respective agents, employees, officers, or representatives, from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.



Signature of Parent or Legal Guardian

Date

MEDICAL INFORMATION

NA: _____ This does not apply to my child. He/She does not have any medical issues.

Please list any special problems, needs, allergies or disabilities your child has: _____

List medications your child takes for long-term, continuous use for allergies or special needs:

MEDICAL/HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR

Medical Insurance Provider: _____ Policy Number: _____

Group Number: _____ Member ID#: _____

Phone Number: _____

AUTHORIZATION TO PARTICIPATE IN CCP ACTIVITIES/PROGRAMS

(Please select one option)

I hereby give permission for my child to participate in any activities which constitute a part of CCP's Program: Yes No

Water Table Activities: Yes No

RECEIPT OF PARENT HANDBOOK

I will receive the CCP Parent Handbook which outlines the operation al policies of the school on Parent Night or during Meet the Teacher. I also may review the Parent Handbook on the CCP website.



Signature of Parent or Legal Guardian

Date

★ PARENTS: THIS FORM MUST BE FILLED OUT AND SIGNED BY YOU AND YOUR PEDIATRICIAN. DON'T FORGET!

PHYSICIAN'S STATEMENT

PRINT ALL INFORMATION CLEARLY

➤ PARENTS: PLEASE CLEARLY PRINT THE FIRST TWO SECTIONS OF THIS FORM PRIOR TO TAKING IT TO YOUR PHYSICIAN

Child's Name: _____ Date of Birth: _____

CCP Class Group for Fall 2016: __1s __2s __3s __4s __TK

IMMUNIZATION RECORD INFORMATION

All students are required by the State of Texas to have one of the following on file by the first day of school:

___ I have provided CCP with a current copy of my child's immunization record which is attached.

___ I am excluding my child from immunization requirements for reasons of conscience religious belief. I have an official notarized affidavit form developed and issued by the Department of State Health Services. I understand the affidavit is valid for two years, BUT I also understand that I must provide a copy for each new year my child is enrolled in the program.



Signature of Parent or Legal Guardian

Date

HEALTH INFORMATION

➤ THE FOLLOWING SECTION IS TO BE COMPLETED BY YOUR CHILD'S PEDIATRICIAN:

1. Is this child physically and mentally able to participate in group activities? _____
2. Can this child participate in the program without special care relating to allergies, special diet, restriction of activities or any other chronic condition? _____
3. Is this child free of infectious or contagious disease? _____



Date of Last Examination: _____ Physician's Signature: _____

Physician's Name (Printed) _____

Address: _____ City/State/Zip: _____

Phone Number: _____

PARENTAL FINANCIAL COMMITMENT AGREEMENT

Compass Christian Preschool serves as an outreach ministry of Compass Christian Church. The preschool provides quality early childhood education in a safe and loving Christian environment. In addition, Compass Christian Preschool is licensed by the State of Texas and accredited by the National Association for the Education of Young Children, NAEYC.

As a parent we know you understand how important it is for the preschool to maintain high standards through the staff members we hire and the programs we implement in our school. Therefore, your commitment to our financial policy and guidelines set forth in our parent handbook are vital to the success of our school. Please review the Financial Commitment below then initial by each number and sign and date at the bottom of the form:

- 1 We understand that salaries, operating expenses, and financial commitments of CCP are incurred and set each year prior to the commencement of the academic school year.
- 2 We understand that tuition is due in full on the first of each month, September - May. Tuition is the same amount all nine months. Tuition is late on the 6th of each month. Late tuition will be calculated at \$5 per day which includes all operating days for the preschool, Tuesday through Friday.
- 3 We understand that there will be a \$35.00 returned check fee for any check returned to the school by the bank.
- 4 We understand that withdrawal from the program requires a 30-day written notice. In the event we do not provide a 30-day written notice we will be responsible for paying the next month's tuition in full.
- 5 We understand that in the event any payment has not been received by the Business Office within 30 days after the due date, our student/s may be removed from the Compass Christian Preschool program.

DON'T FORGET >

STUDENT NAME: _____ DATE: _____

FATHER'S SIGNATURE: _____

MOTHER'S SIGNATURE: _____