



## 2018-2019 REGISTRATION PACKET

### REGISTRATION DATES:

**Current Students:**

Thursday, Feb. 1, 2018  
Thursday, Feb. 8, 2018

Current Student Packets Distributed  
Current Student Packets to be Returned

**Church Members & Alumni**

Tuesday, February 13th - Thursday, February 15th, 2018  
9 a.m. - 1 p.m. - Compass Christian Preschool Office, 121

**New Registration:**

Wednesday, Feb. 21, 2018

(Registration fee and forms due at the time of registration)  
9:00 - 11:00 a.m. Open Registration

**School Starts:**

Tuesday, Sept. 4, 2018 - 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:**

See page 1 for details. This fee reserves your child's spot in the program and 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 (pg. 6), a current shot record and include your registration fee.

The state of Texas requires shot records for ALL students to be on file by the first day of school in order to attend class. Students who do not receive vaccines must have a current affidavit from the state of Texas.  
**CCP requires these documents the week prior to school starting, August 27-31, 2018.**

The state also requires a Hearing & Vision screening for students who are 4-years-old by Sept. 1, 2018. Please ask your doctor to perform these screenings during your child's well exam.

- 1 Page 1 - Registration Fees and Tuition
- 2 Page 2 - Registration Form
- 3 Page 3 - Authorized Student Pick-Up
- 4 Page 4 - Photo release, Spirit T-shirt & Classroom Directory Release
- 5 Page 5 - Authorization for Medical Treatment/Admission Information
- 6 Page 6 - Physician's Statement - Must be completed and signed by your doctor. A copy of your child's current immunization record must be attached. 4's & TK must have a hearing and vision screening.
- 7 Page 7 - Parental Financial Commitment Agreement
- 8 Page 8 - Parent Handbook agreement



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 the week before school starts.)

**REGISTRATION FEE:**

An annual Non-Refundable registration fee applies for each student enrolled in the program. The registration fee is required at the time of enrollment. The fee reserves your child's place in the program and includes major classroom supplies and CCP Spirit T-shirt.

**Registration fees are as follows:**

Ones, Twos, Threes & Fours Classes:	1	\$250.00 per student
Transitional Kindergarten:	2	\$480.00 per student

**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

**TUITION PAYMENT OPTIONS: All payment options are due on the 1st and late on the 6th**

Check - place your check made payable to CCP in the payment drop box located by office, 121, no envelope required.

Bank Draft - contact your bank to have a bank check sent to CCP by the first of each month. You will supply your bank with your child's name, the school name, address and amount.

Online - pay online at our website: [compasspreschool.com](http://compasspreschool.com) with the use of a credit card, please note that a 3% service fee will be added.

If you have tuition questions, contact Lindy Pappas, asst. director of finance at 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	\$480/month
Wednesday	9am - 12pm	

**DISCOUNT:**

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

## PRINT ALL INFORMATION CLEARLY

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

1s Option	2s Options	3s Options	4s Option	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 \_\_\_ Staff Verified: \_\_\_\_\_  
Initial

Current Teacher &amp; Class (if applicable): \_\_\_\_\_ \*\*4s &amp; 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 &amp; 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 # \_\_\_\_\_

**PRINT ALL INFORMATION CLEARLY****PHOTO RELEASE:**

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

I give CCP permission to photograph my child for the following:

\_\_\_\_\_ Me Book, Classroom Projects, and the CCP Facebook page

\_\_\_\_\_ Me Book and Classroom Projects ONLY, *no Facebook usage*



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



CLASSROOM DIRECTORY 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. :  
*ALL prescription medications require your doctor's signature.*

**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 operational 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, AND IS DUE THE WEEK PRIOR TO SCHOOL STARTING: August 27-31, 2018**

## PARENT SECTION

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 2018: \_\_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: CCP requests these the week prior to school starting.**

\_\_\_ 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.

**DON'T FORGET** ➤

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## PHYSICIAN'S STATEMENT

➤ **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:

**INITIAL >**

- \_\_\_\_\_ 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 - 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: \_\_\_\_\_



**PARENT HANDBOOK AGREEMENT****ACCEPTANCE OF PARENT HANDBOOK POLICIES -**

We understand that by completing the CCP registration form and paying the non-refundable registration fee, we are agreeing for ourselves and our student/s to accept and abide by all of the policies, rules and regulations set forth in the Compass Christian Preschool Parent Handbook.

Parents should read the Parent Handbooks online at [compasspreschool.com](http://compasspreschool.com). Hard copies will be distributed on Parent Night.

Only one form is required per family. Please list all children currently enrolled.

I have read and understand the policies set forth in the CCP Parent Handbook:

CHILD'S NAME: \_\_\_\_\_

CURRENT TEACHER: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

CURRENT TEACHER: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

CURRENT TEACHER: \_\_\_\_\_

FATHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DON'T  
FORGET** >