



COMPASS

CHRISTIAN PRESCHOOL

REGISTRATION PACKET

2021 - 2022

School Starts: Tuesday, Sept. 7, 2021

REGISTRATION DATES

Packet must be printed, completed and turned into Preschool administration office, form cannot be completed or submitted online.

Current Students: Tuesday, Feb. 2, 2021 Tuesday, Feb. 9, 2021	Current Student Packets Distributed Current Student Packets to be Returned
Church Members & Alumni	Thursday, Feb. 11th 9:30 a.m. - 1:00 p.m. - Lobby Area. <i>*Masks are required to enter.</i> (Registration fee and forms due at the time of registration)
New Open Registration: Wednesday, Feb. 17, 2021	9:00 - 11:00 a.m. Open Registration <i>*MASKS are required and temperatures will be checked. ALL registrants will be asked to wait in your car, no lines or gathering permitted. Once you sign in and list your phone number a staff member will text you when it is your turn to enter the building.</i>
School Starts:	Tuesday, Sept. 7, 2021 - 9:00 a.m. - 2:00 p.m. (Ones classes will dismiss at 11:30 a.m. for the first week)

WHAT YOU 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. 5), 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 Aug. 24 - Aug. 27, 2021

The State also requires a Hearing & Vision screening for students who are 4 years old by Aug. 27, 2021. Please ask your doctor to perform these screenings during your child's well exam.

- 1 Page 1 - Registration Fee and Tuition
- 2 Page 2 - Registration Form
- 3 Page 3 - Authorized Student Pick-Up
- 4 Page 4 - Medical Information/Admission Information
- 5 Page 5 - Immunization 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.
- 6 Page 6 - Parental Financial Commitment Agreement
- 7 Page 7 - Handbook Agreement/ Photo Release / Spirit Shirt

All forms must be filled out completely including required signatures and 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 AND ARE NON-REFUNDABLE:
 Registration fees are based on the number of days your student or students attend the program.**

Two Day Program:	\$260 per student
Three Day Program:	\$380 per student
Fours:	\$395 per student
Transitional Kindergarten:	\$480 per student

TUITION PAYMENTS:

Don't Forget →

Tuition is the same amount every month, September - May including holiday months. Tuition is due on 1st of each month and is late thereafter. Late tuition will be calculated at \$5 per day beginning on the 7th of each month.

TUITION PAYMENT OPTIONS: All payment options are due on the 1st and late on the 7th.

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 24/7 at our website: compasspreschool.com with the use of a credit card, please note that a service fee will be added.

If you have tuition questions, contact Lindy Pappas, asst. director finance at 817-796-5123 ext. 248

TUITION:

Ones Classes	Tuesday & Thursday:	9 a.m. - 2 p.m.		\$260/month
Twos Classes	Option 1: Tuesday & Thursday:	9 a.m. - 2 p.m.	1	\$260/month
	Option 2: Tues./Thurs. & Friday:	9 a.m. - 2 p.m.	2	\$380/month
Threes Classes	Option 1: Tuesday & Thursday:	9 a.m. - 2 p.m.	1	\$260/month
	Option 2: Tues./Thurs. & Friday:	9 a.m. - 2 p.m.	2	\$380/month
Fours Classes	Tues./Thurs. & Friday:	9 a.m. - 2 p.m.		\$395/month
Transitional Kindergarten:	Tues./Thurs. & Friday:	9 a.m. - 2 p.m.		\$480/month
	Wednesday:	9 a.m. - 12 p.m.		

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	2s CLASSES	3s CLASSES	4s	Transitional Kindergarten
<input type="checkbox"/> 2 Day	<input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day	<input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 3½ Days

Child's Date of Birth: _____ Check: Male____ Female____ Staff Verified: _____

 Current Teacher & Class (if applicable): _____ *4s & TK - what school district do you live in ^{initial}

and which elementary school will our child attend? _____

 First Name Middle Last Name Preferred name for 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 Withdrawl: _____

Directors Initals: _____ Check #: _____ Amount: _____ Accountants Initals: _____

Office Manager Initals: _____ Teachers: _____ Class Name: _____

Rock: _____ Email & Nametag: _____

PRINT ALL INFORMATION CLEARLY :

Child's full Name: _____

Parent or Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Business Phone: Mom: _____ Dad: _____

Cell Phone: Mom: _____ Dad: _____

Occupation: Mom: _____ Dad: _____

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 :

Child's Name _____

Date of Birth - Month/Day/Year _____

Physician's 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 an 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.

Parent Signature _____

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 activities which constitute a part of:

CCP's Program: ___ Yes ___ No

Water Table Activities: ___ Yes ___ No



PARENTS: THIS FORM MUST BE FILLED OUT AND SIGNED BY YOU AND YOUR PEDIATRICIAN. IT IS DUE THE WEEK PRIOR TO SCHOOL STARTING: AUG. 24 - AUG 27, 2021

PARENT SECTION

PRINT ALL INFORMATION CLEARLY :

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

Child's Name _____

Date of Birth - Month/Day/Year _____

CCP Class Group for Fall 2021: __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 religious belief. I have an official notarized affidavit form developed and issued by the State of Texas. 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.

Parent Signature _____

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: _____

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.

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 the 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 7th of each month, and will be calculated at \$5 per day.
- _____ 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.
- _____ 6 **I have read, understand and signed the CCP Covid Financial statement.** ★

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 pay the non-refundable registration fee, we are agreeing for ourselves and our child/children to accept and abide by all the policies, rules and regulations set forth in the Compass Christian Preschool Parent Handbook.

Parents should read the Parent Handbooks online at 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: _____	Child's Name: _____
Current Teacher: _____	Current Teacher: _____
Child's Name: _____	Child's Name: _____
Current Teacher: _____	Current Teacher: _____

Don't Forget →

_____	_____
Father's Signature	Date
_____	_____
Mother's Signature	Date

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*

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.

_____ X Small (2/4)

_____ Small (6/8)

_____ Medium (10/12)