



COMPASS

CHRISTIAN PRESCHOOL

REGISTRATION PACKET

2024 - 2025

School Starts:
Tuesday, Sept. 3, 2024

REGISTRATION DATES

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

Current Students: Thursday, Jan. 25, 2024 Thursday, Feb. 1, 2024	Current Student Packets Distributed Current Student Packets to be Returned
Pastors & Church Staff	Tuesday, Jan. 23, 2024 9:15 a.m. - 11:30 a.m. - Preschool Office
Church Members & Alumni	Tuesday, Feb. 6, 2024 9:30 a.m. - 11:30 a.m. - Preschool Office
New Open Registration: Wednesday, Feb. 14, 2024	(Registration fee and forms due at the time of registration) 11:00 a.m. - 1:00 p.m. Open Registration - Lobby
School Starts:	Tuesday, Sept. 3, 2024

WHAT YOU NEED TO REGISTER YOUR CHILD:**Registration Fee - Due Upon Enrollment:**

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 a 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 Physician's Statement, page 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 by August 1, 2024.*

The State also requires a Hearing & Vision screening for students who are 4 years old by Sept. 1, 2024. 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
- 5 Page 5 - Admission/Spirit Shirt/Social Media
- 6 Page 6 - Physician's Statement
- 7 Page 7 - Financial Agreement

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 by Thursday, August 1, 2024)

REGISTRATION FEE:

An annual **Non-Refundable** registration fee applies for each student enrolled in the program, and are not discounted. The registration fee is required at the time of enrollment. The fee reserves your child's place in the program and includes a CCP Spirit T-shirt.

Class Age:	Program Days:	Price Per Student:
Ones	2 day	\$290 per student
Twos:	2 day	\$290 per student
	3 day	\$420 per student
Threes:	3 day	\$420 per student
Fours:	3 day	\$420 per student
	4 day	\$495 per student
Transitional Kindergarten:	4 day	\$525 per student

TUITION PAYMENTS:

NEW TUITION POLICY FOR 24-25: The new tuition policy for 24-25 will be as follows: the first month/September tuition for each child will be due on Thursday, August 1, 2024. The remaining tuition payments will be due on the first of the month, September - April. Tuition will not be collected in May. Tuition payments received after the 6th of each month are considered late and a \$5 per day late fee is assessed. Please note that any September tuition which is not paid by August 6, 2024, will result in the loss of your child's spot in his/her class *and* the registration fee.

PAYMENT DUE: Tuition is due on the first day of each month. Payments received after the 6th of the month are considered late and a \$5.00 per day late fee is assessed.

PAYMENT PROCESSING: **Online pay will be the only option available for the 2024 - 2025 program.**

All payments are processed through the Compass Preschool website under the "pay online" tab. There are two payment options, an ACH transaction with no fee, or a Credit Card payment with a \$4.00 per transaction service fee. Recurring payments can be set up on this system, with the option of paying forward at any time. We are unable to process bank drafts, checks, or cash on campus. For financial questions, please contact lindypappas@mycompasschurch.com.

CLASS DAYS & TUITION:

Ones Classes	Tuesday & Thursday:	9 a.m. - 2 p.m.	2 day	\$290/month
Twos Classes	Option 1: Tuesday & Thursday:	9 a.m. - 2 p.m.	2 day	\$290/month
	Option 2: Tues./Thurs. & Friday:	9 a.m. - 2 p.m.	3 day	\$420/month
Threes Classes	Tues./Thurs. & Friday:	9 a.m. - 2 p.m.	3 day	\$420/month
Fours Classes	Option 1: Tues./Thurs. & Friday:	9 a.m. - 2 p.m.	3 day	\$420/month
	Option 2: Tues./Wed./Thurs. & Fri.:	9 a.m. - 2 p.m.	4 day	\$495/month
Transitional Kindergarten:	Tues./Wed./Thurs. & Friday:	9 a.m. - 2 p.m.	4 day	\$525/month

TUITION DISCOUNT:

Families with multiple siblings in our program receive a \$50 per month tuition 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 (\$290)	<input type="checkbox"/> 2 Day (\$290) <input type="checkbox"/> 3 Day (\$420)	<input type="checkbox"/> 3 Day (\$420)	<input type="checkbox"/> 3 Day (\$420) <input type="checkbox"/> 4 Day (\$495)	<input type="checkbox"/> 4 Days (\$525)

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 your 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: _____ Amount: _____ Accountants Initials: _____

Office Manager Initials: _____ 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: _____

Food Allergy Medications: List medications your child takes for long-term, continuous use for allergies or special needs. : *ALL prescription medications require your doctor's signature.* If your child has a food allergy requiring medication, CCP must have an allergy action plan on file, signed by the child's physician, as well as all medications listed on the allergy action plan with a current prescription, prior the student's first day of school.

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 NoWater Table Activities: Yes No**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)**SOCIAL MEDIA PHOTO RELEASE**

Child's Name: _____

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: **(select one choice)** Me Book, Classroom Projects, and the CCP Facebook Page**OR** Me Book and Classroom Projects ONLY, **NO Facebook usage**_____
Parent Signature_____
Date



PARENTS: THIS FORM MUST BE FILLED OUT AND SIGNED BY YOU AND YOUR PEDIATRICIAN. IT IS DUE Thursday, August 1, 2024. Fours and TK students need a Hearing & Vision Screening.

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 2024: __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, August - April. Tuition is the same amount all nine months. Tuition is late after the 6th of each month, and will be calculated at \$5 per day.
- _____ 3 We understand that September tuition which is not paid by August 6, 2024 will result in the loss of my child's spot in his/her class *and* the registration fee.
- _____ 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 We understand that paying online will be the only payment option. Cash, personal checks and bank drafts will not be accepted.

_____
Student Name_____
Date_____
Father's Signature_____
Mother's Signature