

CHILDREN'S FAITH ACADEMY

Registration Form 2009-2010

(Please complete one form per student)

___ Current Student ___ Sibling ___ New Student

Child's Name _____ Male _____ Female _____

DOB _____ Child's age as of 9/1/09 _____(years) _____(months)

Parent Name _____

Address _____

Home Phone (____) _____ Alt. Phone (____) _____

E-mail Address _____

Please mark your first and second choice for classes

CHOICE	CLASS (Based on age as of 9/1/09)	DAYS OF THE WEEK	TIMES	MONTHLY TUITION
	Two's	2 day program	9-1	\$235
	Two's	3 day program	9-1	\$310
	Three's	Tuesday/Thursday	9-2	\$225
	Three's	Monday/Wednesday/Friday	9-2	\$310
	Pre-K (4 yrs.)	Tuesday/Thursday	9-2	\$235
	Pre-K (4 yrs.)	Monday/Wednesday/Friday	9-2	\$325
	Kindergarten	Monday-Friday	9-2	\$515
	Extended hours program	Monday-Friday	7-6	\$550

Note: Class offerings subject to change based on actual enrollment

Student Registration Fee: **\$125.00** Before Jan. 31 **For Existing Students** (Non-refundable; due at enrollment)
\$150.00 After Jan. 31 **Open to the public** (Non-refundable; due at enrollment)

For Office Use Only

Enrollment Date _____ Registration \$ _____ Check # _____

Children's Faith Academy
Class Descriptions
2009-2010

CLASS (based on age as of 9/1/09)	DAYS OF THE WEEK	TIMES	TUITION (Monthly)	SUPPLY FEE (Semi- Annual)
Two's	2 day program	9-1	\$235	\$85
Two's	3 day program	9-1	\$310	\$100
Three's	2 day program	9-2	\$225	\$85
Three's	3 day program	9-2	\$310	\$100
Pre-K (4 yrs.)	2 day program	9-2	\$235	\$90
Pre-K (4 yrs.)	3 day program	9-2	\$325	\$100
Kindergarten	Monday-Friday	9-2	\$515	\$125
Extended hours	Monday-Friday	7-6	\$550	\$125

Note: Class offerings subject to change based on actual enrollment

**Student Registration Fee (due at enrollment): \$125 before 2/2/09, \$150 after 2/2/09*

**Yearly tuition is divided into nine equal payments. Tuition is due on the 1st of each month.*

**Semi-annual supply fee due July 1, 2009 and January 1, 2010*

ENROLLMENT FORM

CHILDREN'S FAITH ACADEMY
15479 Pin Oak Drive Conroe, TX 77384
936-273-9545

Date of Birth _____ Age on Sept. 1, 2009 _____ Years _____ Months

Child's Name: _____ Male ___ Female ___
(Last) (First) (MI)

Name Child is Called (Nickname) _____

Address _____
(Street) (City) (Zip)
Subdivision _____ Home Phone _____

Name of Parent or Guardian:

Father _____ Mother _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Cell/Pager _____ Cell/Pager _____

DL# _____ DL# _____

Lives with: Father Mother Both Grandparents Other

**EMERGENCY FORM
CHILDREN'S FAITH ACADEMY**

Child's Full Name _____ Sex _____
Last First Middle

Name child is called (Nickname) _____ Birth date _____ Age _____

Address _____ City _____ Zip _____ Phone _____

Father's Name _____ Work Phone _____
Cell Phone/Pager _____
Driver's License _____
Mother's Name _____ Work Phone _____
Cell Phone/Pager _____
Driver's License _____

When arriving at school, a child must be left in the care of a staff member. A child will be released only to parents or to an adult designated in writing by a parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents cannot be reached. *(Please **do not** list the name of a close friend who is likely to be with you when you are away from home. Also be certain that the people you list are willing to pick up your child in case of illness or emergency.)*

Name _____ Address _____
Phone _____ **Driver's License #** _____ (must be shown at time of pick up)

Name _____ Address _____
Phone _____ **Driver's License #** _____ (must be shown at time of pick up)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, I authorize Children's Faith Academy, to take my child,

to:

(Name of Doctor)	(Doctor's Address)	(Phone)
(Name of Dentist)	(Dentist's Address)	(Phone)

or to the nearest hospital emergency facility for emergency medical treatment.

***IN SIGNING THIS FORM, AS A PARENT OR GUARDIAN, WE HEREBY AGREE TO RELIEVE
THE SCHOOL AND ITS DIRECTORS OF ANY LIABILITY FOR INJURY OR ACCIDENT OCCURRING ON THE SCHOOL PREMISES.***

ALL BLANKS MUST BE COMPLETED BEFORE THIS PAPER IS NOTARIZED

"The State of Texas", "County of _____." "Before me, a Notary Public, on this day personally appeared, _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed."

"Given under my hand and seal of office this _____ day of _____, A.D. _____."

Printed Name of Notary Public

Signature of Parent

Notary Public in and for _____ County, Texas

"My commission expires the _____ day of _____, A.D. _____."

PARENT AGREEMENT CHILDREN'S FAITH ACADEMY

FINANCIAL

Registration: A non-refundable registration fee is required at the time of enrollment.

Tuition & Fees: Yearly tuition is divided into nine equal payments. Tuition is due on the first of each month. A late fee of \$25.00 will be assessed after the 5th of each month. Semi-annual supply fees are due on July 1st and January 1st each year.

All fees are non-refundable.

Credits or Discounts: No credits or discounts will be issued for absence due to illness, in-service days, inclement weather, school closings necessitated for the safety of the children, or regularly scheduled holidays. *Holiday breaks are factored into the tuition rates to provide for ongoing expenses.*

Tuition Payment: Payment by check is preferred. Checks should be payable to: **CHILDREN'S FAITH ACADEMY.** Checks must be placed inside the payment box located in the reception area or mailed to Children's Faith Academy at 15479 Pin Oak Drive, Conroe TX 77384. *Please do not include checks in a child's lunch box or backpack unless its in the child's daily folder.* Receipts are available upon request.

Penalties: Chronic late pick-ups are charged **\$1.00 per minute.** Returned checks are charged a **\$25.00 fee.**

MEDICATION POLICY

We will **not** administer over-the-counter medications (including pain relievers, cough and cold medicine) or prescribed medications, other than medications for chronic conditions. Acceptable medications will be administered only upon the written request of the parent or guardian of the child. **Applicable forms are available in the office. A new form must be signed with each new prescription.** Medications must be in their original container with the child's name printed on the label. Medications must not be outdated. **All medication must be left in the office, not in the classroom.**

NECESSARY FORMS (ALL FORMS MUST BE COMPLETED AND TURNED IN AT REGISTRATION IN ORDER TO ENROLL IN CHILDREN'S FAITH ACADEMY.)

ENROLLMENT FORM. Must be signed by *both* the parent and the physician.

PARENT AGREEMENT. Must be signed by the parent.

EMERGENCY FORM. Must be signed by the parent and notarized (both directors have notary capabilities)

INTRODUCE US TO YOUR CHILD. Must be signed by the parent.

AUTHORIZATIONS

Family home phone numbers may be shared with members of a child's class for planning of celebrations, etc. during the school year. Pictures of enrolled children may be used in promotional materials for the Academy from time to time. Unless written notice is received from the parent, authorization is assumed via this Agreement.

I give permission for pictures of my child to be used in publications _____
(Parents signature)

LUNCH

Parents are asked to send a lunch for their child(ren) each day. The lunch should be in a lunch box/kit and be properly labeled with their name. It should be fully prepared and easy-to-serve finger foods.

WITHDRAWAL FROM CHILDREN'S FAITH ACADEMY

Decisions to withdraw a student from Children's Faith Academy for any reason must be reported directly to the Academy Director as soon as possible. *Even during a child's absence, tuition charges will accrue until we receive a 30-day written withdrawal notification.*

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES EXPLAINED IN THIS PARENT AGREEMENT AND AGREE TO HONOR THEM.

Parent Signature _____ Date _____

PLEASE INTRODUCE US TO YOUR CHILD

Please note that this information is for the CONFIDENTIAL USE of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand your child.

Child's Full Name _____ Name Called _____

Date of Birth _____ Sex _____ Phone _____

Home address _____ City _____ Zip _____

Mother's Name _____ Profession _____ Employer _____

Phone _____ Travel? _____ How frequently? _____

Father's Name _____ Profession _____ Employer _____

Phone _____ Travel? _____ How frequently? _____

MARITAL STATUS OF PARENTS

Married/Separated (How Long?) _____ Divorced (How Long?) _____ Single _____

Stepfather Name (How Long?) _____ Stepmother Name (How Long?) _____

Custody / Visiting Arrangements _____

Remarks:

IF CHILD IS ADOPTED (Optional)

Age at adoption? _____ Does the child know that he/she is adopted? _____

Remarks:

DEVELOPMENTAL HISTORY OF CHILD

Age at which child: crawled _____ sat alone _____ walked _____ fed self _____

named simple objects _____ repeated short sentences _____

slept through night _____ began toilet training _____ completed training _____

Can your child dress unassisted? _____ Undress? _____

Does your child show a preference for right or left hand? _____

Additional Information:

BEHAVIOR HABITS

Does he/she follow a daily routine? _____

How does he/she react to a change in routine? _____

What time does he/she usually eat breakfast? _____ Lunch? _____ Dinner? _____

What time does he/she take a nap? _____ How often? _____ How long? _____

What time does he/she go to bed at night? _____ Awaken? _____

Does he/she sleep well? _____

Does he/she have any special fears? _____

If so, how are you dealing with them? _____

What causes him/her to show his/her temper? _____

What is his/her reaction? _____

What methods of behavior control are used in your home? _____

HOME AND PLAY EXPERIENCES

Child's Siblings:

Name _____	Date of Birth _____	Sex _____
Name _____	Date of Birth _____	Sex _____
Name _____	Date of Birth _____	Sex _____

Other member(s) of household and relationship: _____

If both parents are away from the home during the day, please state arrangements for child's care when he/she is not at school: _____

Does your child play often with other children in the neighborhood? _____

Older or younger children? _____

Has he/she had experience in a play group? _____

Does he/she enjoy playing alone? _____

Favorite indoor play activities: _____

Does he/she have some special skills or interests? _____

Does he/she listen to stories? _____ Enjoy books? _____

When and with whom does he/she watch TV? _____

Family music experiences: _____

Family pets/names: _____

Family religious preference: (optional) _____

Family experiences that have influenced him/her, such as a move, serious illness, pregnancy, vacation: _____

How would you describe your child's personality?

HEALTH HISTORY

Does your child have frequent colds? _____ Explain: _____

Does he/she run high fever easily? _____

Has he/she had any serious accidents? _____

Allergies: _____ If so, how does it manifest itself? _____

Asthma _____ Hay fever _____ Hives _____ Other _____

What is the allergy caused by? _____

On medication? _____ Dietary restrictions _____

Has he/she seen a dentist? _____ Any dental appliances? _____

Has he/she had vision testing? _____ Hearing testing? _____

Does your child have a history of ear problems? (Infections, tubes, etc.)

Explain: _____

Have you suspected or detected any speech problems? _____

Hearing problems? _____ Vision problems? _____

Is your child subject to seizures? _____ Describe: _____

What procedure would you like the school to follow in the event of a seizure?

Please tell us about your child's general health and any special needs or concerns you feel we need to know.

Signature

Date

MEDICAL FORM
CHILDREN'S FAITH ACADEMY
15479 Pin Oak Drive Conroe, TX 77384
Phone: 936-273-9545
Fax: 936-273-3245

Immunizations/Screening: Please Indicate Dates Administered

Hearing Screening (4-yr. olds)	_____	Results	_____
Vision Screening (4-yr. olds)	_____	Results	_____
OPV:	_____	_____	_____
DPT:	_____	_____	_____
HIB:	_____	_____	_____
MMR:	_____	_____	MEASLES _____
HEP A & B:	_____	_____	_____
VARICELLA	_____	History of Chicken Pox (If yes, provide date)	_____

ALLERGIES: _____

Children with special needs due to disabling or limiting conditions shall be required to submit care recommendations from a qualified specialist prior to admission to Children's Faith Academy.

Does the child have an existing illness? If so, what? _____
Any previous illness, serious illness? _____ If so, what? _____
Any injuries or hospitalizations during the past 12 months? _____
Please describe: _____
Any medications that are prescribed for long-term or continuous use? Yes _____ No _____
Please explain _____

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the preschool facility or within one week of admission. Check to indicate the option you select:

 HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the preschool program

_____ Health Care Professional's Signature _____ Date

 A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

 A form or written statement from a health care service or clinic.

If you do not have any of the above:

 PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the preschool program

Name and address of health care professional: _____

 Within 12 months of admission, I will obtain a health care professional's statement and will submit it to the facility

OR

 My child has an appointment for a physical examination: Date: _____
Health Care Professional Name and Address: _____

I will submit the statement, from a health care professional to the child-care facility following the examination.

_____ Signature – Parent or Legal Guardian _____ Date