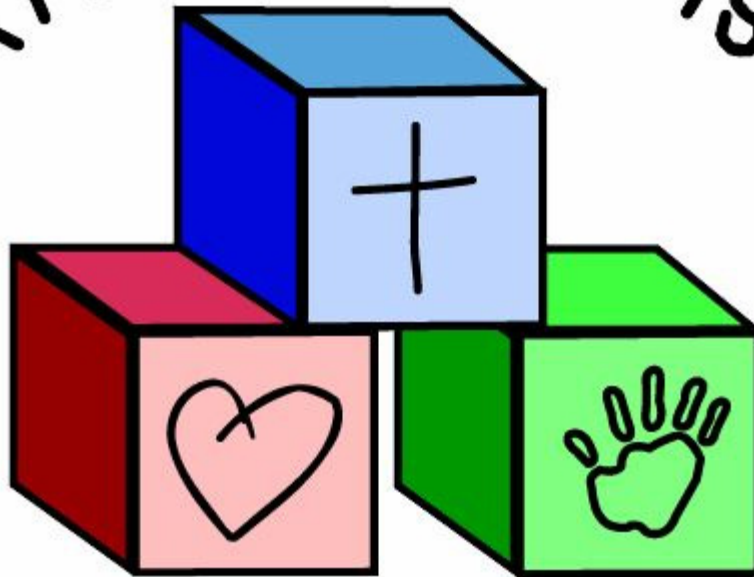


■ Kids for Christ. ■



■ BUILDING MINDS ■

■ BUILDING FAITH ■

**PRESCHOOL / PLAYSCHOOL
ADMISSION APPLICATION
2011-2012**

A Ministry of Cornerstone Baptist Church

Kids for Christ, Cornerstone Baptist Church
113 Highway 205, Terrell, TX 75160
(972) 563-1013

www.cornerstonebaptistchurch.org

Kids for Christ
Preschool / Playschool
Application for Admission
2011 - 2012

GENERAL INFORMATION

Child's Full Name _____ **Goes By** _____

Girl Boy **Date of Birth (mm/dd/yy)** ____ / ____ / ____

Address _____ **Phone No. (____)** _____

City _____ **Zip Code** _____

FAMILY INFORMATION

Dad's Name _____ **Occupation** _____

Work Address _____

(____) _____ (____) _____ (____) _____

Work Phone **Pager Number** **Cellular Phone**

E-mail _____

Mom's Name _____ **Occupation** _____

Work Address _____

(____) _____ (____) _____ (____) _____

Work Phone **Pager Number** **Cellular Phone**

E-Mail _____

Other people in household (indicate relationship to student; e.g. brother, sister, etc.)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family's Church Affiliation _____

Person to contact when parents cannot be reached _____

(____) _____ (____) _____ (____) _____

Home Phone **Work Phone** **Other Number**

Relation to child _____

CHILD INFORMATION

Is your child toilet trained? Yes No

If you are in this process, please give any suggestion for us to help you at school:

Yes No take a nap?

Has your child been left with anyone other than relatives? Yes No

EMERGENCY NOTIFICATION AND AUTHORIZED RELEASE LIST

Please list the names of everyone (including yourself) who may pick up the child from Kids for Christ or be notified in case of emergency. Please prioritize list.

(A parent or legal guardian should be listed first.)

1.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

2.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

3.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

4.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

5.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

6.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

7.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

8.

Name _____ Driver Lic. # _____

() _____ () _____ () _____

Home Phone _____ Work Phone _____ Other Number _____

Relation to child _____

**KIDS FOR CHRIST
PRESCHOOL / PLAYSCHOOL
MEDICAL INFORMATION**

MEDICAL HISTORY

Child's Name _____ Date of Birth ____ / ____ / ____

Has your child had any of the following?

- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Whooping Cough | |

Please list all food and drug allergies and reactions _____

Yes No receive any type of medication? If so, what? _____
(Medication will not be administered at Kids for Christ.)

Is there any evidence of...

- Hearing loss or difficulties? _____
- Vision difficulties? _____
- Speech disabilities? _____

List any...

Hospitalizations _____

Surgeries _____

Other serious illnesses _____

*This section to be completed by physician: (or bring a current copy of your **child's shot records**)*

IMMUNIZATIONS (GIVE DATES)

DTP _____, Oral Polio _____, MMR _____, HIB _____

Hep. B _____ Varicella or Varivax (Chicken Pox) _____

Results of tuberculin skin test or chest x-ray _____

Is the child free from communicable disease? _____

List any medications taken regularly by the child _____

Other remarks regarding physical condition _____

The above information is correct as of (today's date) ____ / ____ / ____

Signature of physician _____

Address _____ Telephone _____

MEDICAL AUTHORIZATION FORM

Our staff will do everything possible to see that your child is safe and secure at all times. However, we do need you to fill out this form as a precautionary measure in the event of an emergency.

I, _____ of _____
(parent or legal guardian's name) (street)

_____, (_____) _____, give my authorization and
(city) (phone)

permission for emergency treatment of my child, _____, to
(child's name)

staff members of CORNERSTONE KIDS FOR CHRIST in the event of an emergency in my
absence, and while under their care.

Insurance Company _____ Phone (_____) _____

Student's Insurance ID or Policy Number _____

Doctor _____ Phone (_____) _____

Hospital _____

I UNDERSTAND THAT CORNERSTONE KIDS FOR CHRIST MAKES NO REPRESENTATIONS AS TO THE QUALITY OF MEDICAL CARE WHICH MAY BE RENDERED TO MY CHILD IN THE EVENT OF AN ACCIDENT OR EMERGENCY. I HOLD KIDS FOR CHRIST, CORNERSTONE BAPTIST CHURCH AND ITS EMPLOYEES, STAFF, AGENTS AND REPRESENTATIVES HARMLESS AND HEREBY RELEASE KIDS FOR CHRIST AND CORNERSTONE BAPTIST CHURCH, ITS EMPLOYEES, REPRESENTATIVES, STAFF AND AGENTS FROM ANY CLAIM OR ACTION FOUNDED ON THE NEGLIGENCE OF ANY HEALTH CARE PROVIDER, DOCTOR, NURSE, TECHNICIAN OR EMERGENCY SERVICE PROVIDER WHICH RENDERS MEDICAL ATTENTION OR CARE TO MY CHILD WHILE IN THE CARE OF KIDS FOR CHRIST.

Subscribed and sworn to before me on this _____

Notary Public _____

Address _____

Commission Expires _____

_____/_____/_____
(Signature of parent or legal guardian) (Date)

PARENT - PRESCHOOL AGREEMENT

“Cornerstone Kids for Christ agrees to provide a caring and learning environment for your child. In exchange, parents are asked to read the Policies and Procedures and agree to the ten items listed below. Please read the following ten items and initial beside each item as it is read and understood.”

- ___1. Parents are responsible for payment of fees on time. A late fee of \$10.00 will be added to bills not paid **within 2 days** of the first school day of the month.
- ___2. Refunds are not made due to illness, vacation, inclement weather or school holidays. Children attending one day may not switch days due to any of the aforementioned. The only exception is when a scheduled “party or event” falls on a day when a one-day student would not regularly attend. This must be approved through the Preschool office before the child is brought to school for that day.
- ___3. I understand that: I will be charged \$5.00 for every five minutes I am late picking up my child. **THIS FEE IS TO BE PAID THAT DAY.**
- ___4. Parents must not bring sick children. Keep children home with the following: fever, diarrhea, vomiting, pink eye or lice in the previous 24-hour period.
- ___5. Tuition is due in advance on a monthly basis.
One Day Tuition \$65.00
Two-Day Tuition \$125.00
- ___6. A supply fee of \$35.00 is due **twice** per school year: in August and in January
- ___7. Parents arriving early must remain with their children until 9:00 a.m. Parents and children who arrive early should remain in the hall to allow teachers time to prepare their classrooms for the day.
- ___8. Children will eat lunch at Kids for Christ. You will need to send your child a healthy lunch with a drink included, each preschool day. Please label all belongings clearly. **No red and blue drinks or food are allowed due to dyes and discoloration.**
- ___9. Children will have a rest time during the day at Kids for Christ. All children are required to participate in “rest time.” Parents need to send nap mats, blankets and any “security” items your child may need for rest time.
- ___10. Drop-ins are arranged for currently enrolled one-day students if space is available on that day. There will be a fee of \$18.00 charged for drop-ins.

RELEASE: IN EXCHANGE FOR THE CARE PROVIDED TO MY CHILD BY CORNERSTONE KIDS FOR CHRIST, I AGREE TO HOLD KIDS FOR CHRIST AND CORNERSTONE BAPTIST CHURCH, THEIR EMPLOYEES, AGENTS, REPRESENTATIVES AND STAFF HARMLESS AND HEREBY RELEASE THEM FROM LIABILITY FOR ANY CLAIM OR ACTION FOR ANY INJURY, ILLNESS, DEATH OR LOSS OF PROPERTY THAT MY OCCUR TO MY CHILD DUE TO NEGLIGENCE ARISING OUT OF OR INCIDENTAL TO THE PERFORMANCE OF CARE GIVEN TO MY CHILD PURSUANT TO THIS AGREEMENT.

Child

____/____/____
Date

Parent

Pam Monsivaiz, Director

KIDS FOR CHRIST PRESCHOOL
PARENTAL PERMISSION FORM AND RELEASE
Three & Four-Year-Old Preschoolers Only!

2011 – 2012

PART 1 – PERMISSION

I hereby give my permission to _____ to accompany his/her teacher or other supervisory personnel on field trips during this school year.

PART 2 – RELEASE

IN EXCHANGE FOR THE CARE PROVIDED TO MY CHILD BY CORNERSTONE KIDS FOR CHRIST, I AGREE TO HOLD KIDS FOR CHRIST AND CORNERSTONE BAPTIST CHURCH, THEIR EMPLOYEES, AGENTS, REPRESENTATIVES AND STAFF HARMLESS AND HEREBY RELEASE THEM FROM LIABILITY FOR ANY CLAIM OR ACTION FOR ANY INJURY, ILLNESS, DEATH OR LOSS OF PROPERTY THAT MAY OCCUR TO MY CHILD DUE TO NEGLIGENCE ARISING OUT OF OR INCIDENTAL TO THE PERFORMANCE OF CARE GIVEN TO MY CHILD WHILE ON A FIELD TRIP SPONSORED BY KIDS FOR CHRIST.

SIGNED ON THIS THE _____ DAY OF _____, 20_____

SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____

TELEPHONE _____