

COLUMBUS CHRISTIAN PRESCHOOL  
2017-2018 STUDENT REGISTRATION FALL SESSION

\*Please complete BOTH sides of form.

\*\*\*\*\*

OFFICE USE ONLY

LOCATION: All Saints Presbyterian Church \_\_\_\_\_ Midland United Methodist Church \_\_\_\_\_

Registration paid: \$ \_\_\_\_\_ Ck#: \_\_\_\_\_ Date: \_\_\_\_\_

Supply Fee paid: \$ \_\_\_\_\_ Ck#: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\*\*\*\*\*

**How did you hear about us?** Current Student \_\_\_\_\_ Friend \_\_\_\_\_ Website \_\_\_\_\_ Facebook \_\_\_\_\_  
Other \_\_\_\_\_

We place students in classes based on their age as of September 1. Please indicate which session you would like your child to attend:

Four-Year Old:

\_\_\_\_\_ 5-Day Mon / Tues / Wed / Thur / Fri  
\_\_\_\_\_ 3-Day Mon / Wed / Fri

Three-Year or Two-Year Old:

\_\_\_\_\_ 5-Day Mon / Tues / Wed / Thur / Fri  
\_\_\_\_\_ 3-Day Mon / Wed / Fri  
\_\_\_\_\_ 2-Day Tues / Thur

One-Year Old: (Midland location ONLY)

\_\_\_\_\_ 2-Day Monday / Wednesday  
\_\_\_\_\_ 2-Day Tuesday / Thursday

Infant- 3months to 12 months Old: (Midland location ONLY)

\_\_\_\_\_ 1-Day Friday

Child's Full Name: \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

Name child is usually called: \_\_\_\_\_ Current Age \_\_\_\_\_

Child's Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Home Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of church affiliation: \_\_\_\_\_

Child's Living Arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Child's Legal Guardians: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Parent or Legal Guardian:

**Mother's name:** \_\_\_\_\_ Address:(If different from above) \_\_\_\_\_

Where Employed: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) - \_\_\_\_\_ Work Phone:( \_\_\_\_\_ ) - \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Father's name:** \_\_\_\_\_ Address:(If different from above) \_\_\_\_\_

Where Employed: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Home Phone:( \_\_\_\_\_ ) - \_\_\_\_\_ Work Phone:( \_\_\_\_\_ ) - \_\_\_\_\_

Cell Phone:( \_\_\_\_\_ ) - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

List others living in the home: \_\_\_\_\_

The child may be released to the person(s) signing this agreement, or to the following:

Please Print NAME (Show relationship) TELEPHONE NUMBER

**\*\*As a safety precaution a note or phone call is required on the day someone else will pick up your child.**

\_\_\_\_\_ Phone:( ) - \_\_\_\_\_

\_\_\_\_\_ Phone:( ) - \_\_\_\_\_

In the event parents cannot be reached, please list emergency contact:

\_\_\_\_\_ Phone:( ) - \_\_\_\_\_

Physician who treats child: \_\_\_\_\_ Office Number:( ) - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Are child's immunizations up to date? YES / NO Is immunization form attached? YES / NO

If no, please explain: \_\_\_\_\_

List any diseases child has had and approximate date: \_\_\_\_\_

List any medications child is currently on prescribed for long-term continuous use, and any pre-existing illness, allergies or health concerns such as Speech delays, Seizures, ADHD, Autism, etc. \_\_\_\_\_

List any allergies or foods to be avoided: \_\_\_\_\_

**\*A note signed by the child's doctor will be required for the classroom to be made a "Nut-Free" class.**

List any restrictions to activities or physical conditions we should be aware of: \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

We, the undersigned, are the parents or the legal guardian of \_\_\_\_\_, a minor, and have given our consent for him/her to be treated for injury or illness while in the care of Columbus Christian Preschool 2017-18 Fall Session. If he/she is injured while at the preschool and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we hereby authorize director TAMMY WATTS, SHANNON PHILLIPS or any authorized member of the staff at Columbus Christian Preschool to give such consent for us if we cannot be reached by telephone at one of the numbers indicated below or because of an emergency there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless from any claims, demands, law suits and any and all liabilities for damages or otherwise arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

The undersigned will be liable for and agree to pay all costs and expenses incurred connected with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

#### PERSONAL INSURANCE INFORMATION:

\_\_\_\_\_  
COMPANY NAME  
Parents or guardians must sign AND notarize this form

\_\_\_\_\_  
POLICY / GROUP NUMBER

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

**\*\* NOTARY:**

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

## Parental Agreement with Columbus Christian Preschool

1. I acknowledge that Columbus Christian Preschool is a non-licensed program and that because of the limited hours my child may attend per week it is granted an exemption and is not required by the state to be a licensed program.
2. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or guardian(s) or person authorized by the parent(s) or guardian(s), or facility personnel. I acknowledge that it is my responsibility to notify any authorized person picking up my child that they must provide proof of identification to facility personnel before child will be released in their custody.
3. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. address, telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.
4. Columbus Christian Preschool agrees to keep me informed of any incidents, including illnesses, injuries, behavior problems, etc., which include my child.
5. I acknowledge that it is the policy of Columbus Christian Preschool to inform me if my child bites or is physically aggressive towards a classmate, and that if this behavior continues that I will be responsible for picking my child up early from the preschool on any given day, and that if this behavior becomes habitual it may result in my child being removed from the preschool for the remainder of the school year.
6. I acknowledge that by State Law, Columbus Christian Preschool, its directors and employees are *mandated reporters*, and as such are required to report any indication of child abuse or neglect to the proper authorities.
7. Columbus Christian Preschool agrees to obtain written authorization from me before my child participates in any routine transportation, field trips and special activities away from the facility.
8. Before any medication, including over-the-counter medication, prescription medication, diaper rash cream, bug spray, sun screen, orajel mouth cream, etc., is dispensed to my child, I will provide a written authorization provided by Columbus Christian Preschool, which includes: dates; name of child; name of medication; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it.
9. Columbus Christian Preschool uses a website, facebook page and other forms of media for advertising and promotional purposes. These media outlets will include photographs of preschool functions and activities, to include the CCP students.  
\_\_\_\_\_ I hereby give permission and release and discharge CCP from any and all claims and demands ensuing from or in connection with the use of photographs and any pertaining information given, including, but not limited to, any and all claims for libel, slander and invasion of privacy or any other claim against CCP, its successors or assigns.  
\_\_\_\_\_ I DECLINE to give permission and the release and discharge of any photographs and the pertaining information of my child and Columbus Christian Preschool.
10. I acknowledge that Columbus Christian Preschool notifies families using e-mail and facebook and that it is my responsibility to check these sites on a regular basis.
11. I have received a copy and agree to abide by the policies and procedures for Columbus Christian Preschool.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Columbus Christian Preschool Administration: \_\_\_\_\_ Date: \_\_\_\_\_



All Saints Presbyterian Church Location  
7170 Beaver Run Road  
Midland, GA 31820

Midland United Methodist Church Location  
9100 Warm Springs Road  
Midland, GA 31820

**Columbus Christian Preschool, Inc. is a non-licensed program. Because of the limited hours students may attend per week, it is granted an exemption through Bright From The Start and is not required by the state to be a licensed program. Please sign the Notice of Exemption below as part of your child's registration with Columbus Christian Preschool.**

## Notice of Exemption

I, \_\_\_\_\_, acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For Your Records**  
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\_\_\_\_\_ I hereby give permission and release and discharge CCP from any and all claims and demands ensuing from or in connection with the use of photographs and any pertaining information given, including, but not limited to, any and all claims for libel, slander and invasion of privacy or any other claim against CCP, its successors or assigns.  
\_\_\_\_\_ I DECLINE to give permission and the release and discharge of any photographs and the pertaining information of my child and Columbus Christian Preschool.
10. I acknowledge that Columbus Christian Preschool notifies families using e-mail and facebook and that it is my responsibility to check these sites on a regular basis.
11. I have received a copy and agree to abide by the policies and procedures for Columbus Christian Preschool.

***A signed copy of this agreement is on file at Columbus Christian Preschool, Inc.***

*along with your child's registration form.*

Columbus Christian Preschool 2017-2018



## Columbus Christian Preschool FALL 2017-2018 Registration

Welcome to the CCP Family,

It's that time of year to make decisions about the future of your child and we are so grateful that you are considering Columbus Christian Preschool, which we offer at 2 convenient locations; All Saints Presbyterian Church (7170 Beaver Run Road) AND Midland United Methodist Church (9100 Warm Springs Road). You may pick up a 2017-2018 Registration form at the preschool or print one off at columbuschristianpreschool.com. New student registration will begin on Saturday, February 4, 2017 at our Registration Round Up.

Students are placed in classes based on their age as of September 1 of the school year. Please refer to the age chart below to see what class your child will be placed in for 2017-2018.

### CCP 2017-2018 AGE CHART

4-Year-Class: September 1, 2012 - August 31, 2013

3-Year-Class: September 1, 2013 - August 31, 2014

2-Year-Class: September 1, 2014 - August 31, 2015

1-Year-Class: September 1, 2015 - August 31, 2016 - *only offered at Midland Methodist location*

Infant-Class: September 1, 2016 - July 1, 2017 - *only offered at Midland Methodist location*

### CCP 2017-2018 FEES

#### 5 Days - M/T/W/T/F

**Monthly Tuition: \$255.00**

**Non-refundable Registration Fee: \$125.00**

**Non-refundable Supply Fee** 3yr & 2yr classes-\$120.00 4yr class-\$145.00 (includes Sight Word book set)

#### 3 Days - M/W/F

**Monthly Tuition: \$190.00**

**Non-refundable Registration Fee: \$115.00**

**Non-refundable Supply Fee** 3yr & 2yr classes-\$110.00 4yr class-\$135.00 (includes Sight Word book set)

#### 2 Days - TU/TH for 2yr or 3yr or Mon/Wed - Tue/Thur for 1yr only offered at Midland Methodist location

**Monthly Tuition: \$155.00**

**Non-refundable Registration Fee: \$105.00**

**Non-refundable Supply Fee** 3yr, 2yr & 1yr classes-\$100.00

#### 1 Day - Fri Infant class only offered at Midland Methodist location

**Monthly Tuition: \$110.00**

**Non-refundable Registration Fee: \$105.00**

**Non-refundable Supply Fee** 1yr & Infant classes-\$100.00

*We offer a \$10.00 monthly tuition and registration discount for additional children in the same family.*

**NO DISCOUNT is offered on the Supply Fee.**

### FEES for 2017-2018 CHECKLIST

**Registration Fee - Non-refundable and DUE UPON REGISTRATION**

**Supply Fee - Non-refundable and DUE JULY 1st or UPON REGISTRATION if after July 1st**

**Tuition - September Tuition DUE AUGUST 1st or FIRST OF THE MONTH if after Aug 1st**

Our Fall Session will start the first week of September. We hope each of you will "Like" CCP on Facebook. As always, please feel free to ask me, or any CCP staff member, if you have any questions or concerns.

Love in Christ,  
Tammy Watts  
CCP Executive Director

Shannon Phillips  
CCP Director

*Columbus Christian Preschool.....A New Preschool with Old Fashion Values*