

COLUMBUS CHRISTIAN PRESCHOOL
2025-2026 STUDENT REGISTRATION FALL SESSION

*Please complete BOTH sides of form.

OFFICE USE ONLY

LOCATION: Midland 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

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: _____

PLEASE PRINT CLEARLY

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

Where Employed: _____ Title/Occupation: _____

Home Phone:(_____) - _____ Work Phone:(_____) - _____

Cell Phone:(_____) - _____ E-mail Address: _____

PLEASE PRINT CLEARLY

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 as well as 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 2025-26 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 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 on registration form 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_____.

Parental Agreement with Columbus Christian Preschool

1. I acknowledge that, as stated in the Parent Handbook, 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. I acknowledge that, as stated in the Parent Handbook, my child will not be allowed to enter or leave the facility without being escorted by parent(s)/guardian(s) or a person authorized by the parent(s)/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 my child will be released in their custody.
3. I acknowledge that, as stated in the Parent Handbook, 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. I acknowledge that, as stated in the Parent Handbook, Columbus Christian Preschool agrees to keep me informed of any incidents, including illnesses, injuries, behavior problems, etc., relating to my child.
5. I acknowledge that, as stated in the Parent Handbook, it is the policy of Columbus Christian Preschool to inform me if my child bites or is physically aggressive, 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, as stated in the Parent Handbook, 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. I acknowledge that, as stated in the Parent Handbook, 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. I acknowledge that, as stated in the Parent Handbook, before any medication, including but not limited to, 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: date; 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. I acknowledge that, as stated in the Parent Handbook, Columbus Christian Preschool uses a website, Facebook page, email, and other forms of media for communication, advertising, and promotional purposes. These media outlets, as well as emails, 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, as stated in the Parent Handbook, 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: _____



Midland 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



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9100 Warm Springs Road
Midland, GA 31820

Columbus Christian Preschool, Inc. will follow the suggestions and guidelines set by The American Academy of Pediatrics, The Centers for Disease Control and The Georgia Department of Early Care and Learning to the best of our ability.

COVID19 Waiver

I, _____, acknowledge that I understand that, under Georgia Law, there is no liability for an injury or death of an individual entering the premises of Columbus Christian Preschool if such injury or death result from the inherent risk of contracting COVID19. I understand that I am assuming this risk when sending my child, _____ to Columbus Christian Preschool, Inc. located in the Midland Church facility.

Parent Signature

Date



Columbus Christian Preschool FALL 2025-2026 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 at Midland Church (9100 Warm Springs Road). You may pick up the 2025-2026 Registration form at the preschool. **We will begin to accept NEW STUDENT registration on Monday, February 10, 2025**

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 2025-2026.

CCP 2025-2026 AGE CHART

4-Year-Class: September 1, 2020 - August 31, 2021

3-Year-Class: September 1, 2021 - August 31, 2022

2-Year-Class: September 1, 2022 - August 31, 2023

CCP 2025-2026 FEES

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

Monthly Tuition: \$335.00

Non-refundable Registration Fee: \$165.00

Non-refundable Supply Fee 3yr & 2yr classes-\$175.00 4yr class-\$190.00 (includes Sight Word book set)

3 Days - M/W/F

Monthly Tuition: \$255.00

Non-refundable Registration Fee: \$155.00

Non-refundable Supply Fee 3yr & 2yr classes-\$165.00 4yr class-\$180.00 (includes Sight Word book set)

2 Days - TU/TH for 3yr or 2yr

Monthly Tuition: \$215.00

Non-refundable Registration Fee: \$145.00

Non-refundable Supply Fee 3yr or 2yr classes-\$155.00

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 2025-2026 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 on or before September 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