

## 2022-23 REGISTRATION Covenant Community Preschool

CCP provides faith-based, high-quality preschool programs for children ages one through five.

The registration process begins in January and continues until each class reaches capacity. Admission depends on the child's age on August 31 of the current year. Three and four-year-old classes require children to be **COMPLETELY** toilet trained.

CCP welcomes all children; however, some physical, emotional, behavioral, or cognitive needs may require more deliberation. Parents should consult with the director regarding developmental concerns before registering. Please note, children must keep the pace of each class schedule to register.

To best serve our students, the director makes all class assignments. For early registration, parents will be notified by January 31 if the desired enrollment is not fulfilled. A waitlist is available after classes are full.

The following registration materials are required to hold each child's class position:

- Completed registration forms
- Non-refundable, \$80 registration fee per child
- Non-refundable, advance last month's tuition is due at registration or no later than May 1, with early registration.
- Signed agreement to serve five volunteer hours annually.

### TUITION and FEES

The non-refundable advance last month's tuition payment is due at registration or no later than May 1 with early registration to secure your child's position. The remaining eight monthly tuition payments are scheduled from September through April.

There is no tuition reimbursement for days school is not in session; due to preschool schedule, holidays, weather-related closings, power or water outage, COVID-19 closures, or for days that a child student is absent due to illness or travel.

An annual \$100 supply fee is charged in September.

Prorated monthly tuition payments

Tuition is divided into nine equal payments for parent convenience.

One-Year old classes- 1:4 teacher-child ratio

Two-day class (Monday through Tuesday) \$230.00 monthly

Three-day class (Wednesday through Friday) \$250.00 monthly

Two-Year-Old classes- 1:7 teacher-child ratio

Two-Day class (Monday through Tuesday) \$220.00 monthly

Three-day class (Wednesday through Friday) \$240.00 monthly

Three-Year-Old classes- 1:8 teacher-child ratio

Two-day class (Monday through Tuesday) \$210.00 monthly

Three-day class (Wednesday through Friday) \$230.00 monthly

Four-Year-Old class- 1:10 teacher-child ratio

Five-day program (Monday through Friday) \$290.00 monthly

A non-refundable registration fee of \$80.00

Class offerings may change due to enrollment numbers.

## DELINQUENT TUITION AND FEES

Families are responsible for keeping tuition current. Accounts past due on the tenth of each month will incur a \$20 late fee. If the bill becomes forty-five days delinquent, the child may not attend class until payments are made current. Please contact the director before tuition becomes delinquent due to financial hardship. We work to keep families in good standing and avoid disrupting the child's school attendance.

## WITHDRAWAL FROM PROGRAM

Registration is a commitment for the entire school year or the year's balance. Withdrawal from the CCP program requires a three-week notification in writing so that the preschool may coordinate with families on the waiting list. Full tuition is due through the withdrawal (three-week notice) period.

## HEALTH CERTIFICATE

The Health Certificate is due before the first day of school. Children may not attend school without a current health certificate (signed/dated by the child's physician) regardless of the child's next scheduled well check. Families who enroll after August 15 will provide a current health certificate within thirty days after registration.

## BEGINNING OF THE SCHOOL YEAR

- Classroom teachers call enrolled families in mid-August to set up an appointment for the Family Classroom Visit held the week before school opens.
- Parent Orientation is held in person or virtually the Tuesday after Labor Day.
- Classes begin on Wednesday, the week of Labor Day.

## PAYMENTS

Payment is accepted by cash, check, and credit card (service charges apply to credit card payments). Checks payable to CCP can be dropped into the tuition box or mailed to CCP 3415 Union Road, Gastonia, NC 28056.

**In addition, many of our CCP families use their bank's online bill pay feature to make payments to CCP. Most banks offer this feature to make payments automatically and mail tuition checks directly to CCP.**

## *POINTS OF IMPORTANCE-*

- *The registration fee, \$80 per child, is due with completed registration forms to hold the child's class position*
- *Advance last month's tuition is due at the time of registration (or no later than May 1 with early registration)*
- *Registration fees and advance last month's tuition are non-refundable*
- *Health Certificate is due before the first day of school (unless registration occurs after August 15)*
- *Students must wear "tennis shoes" (rubber sole, closed heel, and toe, no holes for mulch or sand to enter) to school.*
- *No bookbags, No diaper bags*
- *All food brought into the school must be in an unopened factory sealed package with the food fact label attached or whole, uncut fruits and vegetable*
- *Park vehicles **only** in lined parking spaces*
- *Follow the directional arrows on the parking lot to keep everyone safe.*
- *Five parent volunteer hours are required annually*

Covenant Community Preschool, 3415 Union Rd. Gastonia, NC 28056, 704-616-9253, lyndawilliamsccp@gmail.com

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone:( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_ Office Phone:( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_

You may provide a grandparent/caregiver email address to receive bulk email notifications instead of one of the parents' emails. Instead of (circle one) **Mother/Father** email, please add the below address for bulk emails from the school.

Email \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

PLEASE CIRCLE THE PROGRAM DESIRED

Program desired	Two days	Three days	Five days
4-year-old	N/A	N/A	Mon-Fri
3-year-old	Mon-Tues	Wed-Fri	
2-year-old	Mon-Tues	Wed-Fri	
1-year-old	Mon-Tues	Wed-Fri	

**Child Information**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Age \_\_\_\_ Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication, or special care your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Children with special health care needs or food allergies that require emergency medications must submit a signed physician's individualized care plan before the beginning of the school

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contacts & Authorized Pickup Persons (other than custodial parents)

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that would be helpful for us to know about your child or your beliefs?

\_\_\_\_\_

Has your child been identified with a delay, developmental disability or special need? \_\_\_\_\_

If so please explain \_\_\_\_\_

Religious Affiliation/ Belief \_\_\_\_\_ Current Church Membership \_\_\_\_\_

Previous Preschool experience: [ ] Yes [ ] No If yes, where? \_\_\_\_\_

How did you learn about Covenant Community Preschool? \_\_\_\_\_

**Liability Release**

I understand that my child's participation in the preschool program carries a measure of risk. Therefore, I assume all responsibility for harm, illness or injury, which might occur to my child due to his/her/my participation in the program. Therefore, I release the Covenant Community School, INC, and Christ Church, 3415 Union Rd, Gastonia, NC 28056, from all liability, costs, and damages, which might arise from participation in the program.

I agree that the minor has my consent to participate in the preschool program. I further provide my consent for Covenant Community School, INC to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

If the parent/ legal guardian cannot be reached in an emergency, the school has our permission to obtain medical attention for the child by the Hospital Emergency Room. Gaston Emergency Medical Services will transport the child if ER is deemed necessary.

**A copy of the current insurance card is required for each enrolled child.**

Name of Primary Insurance Policy and Policy number \_\_\_\_\_

Payer's Name (person responsible for payments) \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Initial to give permission:

\_\_\_\_ I agree to have my phone number and address printed in my child's class directory

**Each family confirms to each of the below by initialing each:**

\_\_\_\_ I agree to read and comply with the policies stated in the CCP Family Handbook found on the school website [covenantcommunitypreschool.com](http://covenantcommunitypreschool.com)

\_\_\_\_ I agree to notify the director ASAP of exposures and potential exposures to infectious diseases and conditions.

\_\_\_\_ I agree to apply diaper cream, sunscreen, mosquito spray/lotion on my child before arrival at CCP if I desire the application of these products on my child

\_\_\_\_ I agree to update the CCP office as quickly as possible when my contact information changes (cell phone, home phone, email address, mailing address)

\_\_\_\_ I agree that my child's allergies and special needs be posted in the classroom and snack areas

\_\_\_\_ I agree to send my child to school wearing tennis shoes, closed-toe, closed-heel, rubber-soled with no holes decorative or otherwise for sand or mulch to enter shoes

\_\_\_\_ I agree that any food sent to school is factory sealed with the food fact label attached or whole uncut fruits and vegetables

\_\_\_\_ I agree to park and ensure my child's caregiver parks in lined parking spaces, follow parking lot directional arrows for safety, and use handicap parking only when legally permitted.

\_\_\_\_ I agree to never drive through drop-off and pick-up areas unless to carefully gain access to handicap parking spaces.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Inclusion Policy Agreement

### Considerations - Special Needs and Behavioral Disorders

Children with special needs are considered for admission on an individual basis to determine CCP's capability to provide the level of care needed. Records and evaluations must be provided to CCP at the time of application. The director will consult with parents to learn about the child's developmental strengths and weaknesses. Based on this information, the director will determine enrollment.

Parent's failure to share records and evaluations will void the child's enrollment at CCP.

To attend CCP, the child must have the ability to maintain the class schedule. The safety and successful functioning of the class unit always has priority over the individual needs of any given child.

All children are observed to determine CCP's ability to meet their needs. If concerns arise, a conference will be scheduled between the child's parents and CCP staff to discuss the child's progress and other identified needs.

Two possible determinations are made:

- **The child's presence in the classroom is of mutual benefit to the child and CCP.**
- **CCP cannot meet the child's needs, and enrollment will cease.**

If concerns arise that the child may benefit from additional services or support, parents will be required to seek a professional evaluation to continue enrollment within 30 days of the request. If parents decline assessment of their child, and it is determined the child is not functioning in the classroom, registration will cease.

A copy of the evaluation result is required to continue enrollment. Based on information received and consultations with parents and teachers, a decision about the child's continued enrollment will be made.

We desire to ensure all children have the resources, supports, adaptations, and proper settings to ensure progress. Early intervention is critical for children's success in school and life.

CCP strives to accommodate as broad a range as possible in the belief that diversity strengthens and enriches all children and the adults who work with them.

CCP adopted this policy on Date: January 2020

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

COVID-19 WAIVER

Dear Family Members:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

We do everything we can to comply with all regulations and ensure your safety. We have put preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you will not become infected with COVID-19.

By participating in programs, services, and activities of our school, you agree to the following:

You release, covenant not to sue, discharge, and hold harmless Covenant Community School, INC, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to your employment, our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this school, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any school hosted or programmed event.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

List minor children who will be attending school.

\_\_\_\_\_

List family members and caregivers who will visit our campus for drop-off and pick up.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you, your child, or a house member are at increased risk for severe illness from COVID 19, weigh the benefits and risks of attending school.

CCP Parent Volunteer Commitment

Each CCP family commits to five volunteer hours annually. Families are encouraged to volunteer more if they like. However, the minimum is five hours. The hours may be completed by any adult, 18 years or older, for the family.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Health Certificate

Section I to be completed by parent/legal guardian:

Child's Name \_\_\_\_\_  
Last First Middle

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Parent/legal guardian \_\_\_\_\_  
Last First

1. Does your child have any medical conditions the staff should be made aware of? \_\_\_\_\_
2. Does your child have any known allergies that require emergency medications? \_\_\_\_\_  
If so, a health care plan is required from your health care provider.
3. Is your child on any special dietary restrictions? \_\_\_\_\_
4. Has your child been diagnosed with a delay or special need? \_\_\_\_ If Yes, explain \_\_\_\_\_
4. Do you have a special request regarding your child's care while at school? \_\_\_\_\_

Parent / legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Section II to be completed by the child's physician:

1. Does this child enjoy good health free from any conditions? \_\_\_\_\_
2. Has this child demonstrated normal motor and mental development? \_\_\_\_\_
3. Should this child be on any physical or dietary restrictions? \_\_\_\_\_
4. Do you believe this child can keep the schedule of a structured school day? \_\_\_\_\_
5. Are the child's immunizations up to date? \_\_\_\_\_
6. Date of most recent health checkup? \_\_\_\_/\_\_\_\_/\_\_\_\_\_
7. Any comments or recommendations? \_\_\_\_\_

Provide an individualized health care plan for children with needs or restrictions requiring "emergency medications" or treatments while at school, including the child's condition, symptoms we should look for and what the school staff should do in response.

Does the school staff need training to perform the emergency treatment? \_\_\_\_\_

A copy of the child's most recent immunizations list is required for enrollment.

Physician signature \_\_\_\_\_ Date \_\_\_\_\_



## INDIVIDUALIZED CARE PLAN

An Individualized Care Plan is required for children with special health care needs, who may require emergency medicine or treatment. The Individualized Care Plan must state the child's condition, symptoms, and the course of action the CCP staff should follow if symptoms occur. The plan is signed and dated by the child's physician. In addition, families may be required to provide the CCP training to administer treatment.

The Individualized Care Plan must be given to the classroom teachers before the first day of school, regardless of the timing of the child's registration.

The program will display information about each child's health needs in the classroom and snack areas as a visual reminder for all who care for the child.

CCP administers only emergency medicine. The medicine must be in the original container labeled with the child's prescription and expiration date.

Need a health certificate completed or a vaccination? Call the Gaston County Health Dept.  
704-853-5000.