

Covenant Community Preschool

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2023-2024 REGISTRATION

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 upon the child's age on August 31st 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 concerns before registering. In addition, children must be able to keep the pace of each class schedule to be considered for registration.

To best serve our students, the director makes class assignments. Parents may contact the director after January 31st to verify the child's class placement. A waitlist is available after classes are full. CCP will contact families on the waitlist as openings occur.

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**. (no later than May 1st, 2023, with early registration)

TUITION and FEES

Families may choose the prorated annual tuition (nine equal monthly payments) or may pay yearly tuition. **The non-refundable advance-last month's tuition payment is due at registration (or no later than May 1st, 2023, with early registration) to secure your child's position.** The remaining eight monthly tuition payments are due from September through April on the first day of the month.

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

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) \$240.00 monthly

Three-day class (Wednesday through Friday) \$260.00 monthly

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

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

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

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

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

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

Four-Year-Old class- 1:9 teacher child ratio

Five-day program (Monday through Friday) \$300.00 monthly

A non-refundable annual registration fee of \$80.00 is due at registration.

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

DELINQUENT TUITION AND FEES

Families are responsible for keeping tuition current. Accounts that are not paid by the tenth of each month will incur a \$20 late fee for each month late. If the bill becomes forty-five (45) 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. A payment plan will be determined to keep the family in good standing and avoid disrupting the child's school attendance.

Families with delinquent tuition accounts, including fines and fees, will not be permitted to register for the subsequent school year.

WITHDRAWAL FROM PROGRAM

Withdrawal from the CCP program requires a three-week written notification so that the preschool may coordinate with families on the waiting list. Full tuition is due through the withdrawal (three-week notification) 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 15th may provide a current health certificate within thirty (30) days after registration.

BEGINNING OF THE SCHOOL YEAR

- Classroom teachers call each enrolled family in mid-August to set up an appointment for the Family Classroom Visit.
- The Parent Orientation is held the first Tuesday after Labor Day @ 6 pm for all parents. This event is for adults only.
- Phase-in days begin on the Wednesday after Labor Day.

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. Many of our CCP families use their bank's online bill pay feature to make payments to CCP. In addition, most banks offer automatic scheduling and mail tuition checks directly to CCP.

We look forward to serving you! God bless you and your family!

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 1st, 2023, 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 15th)*
- *Parent orientation (first Tuesday after Labor Day)*

Additional Points-

- *An annual \$100.00 supply fee is charged in September.*
- *Students must wear "tennis shoes" (rubber sole, closed heel, and toe, no holes for mulch or sand to enter) to school.*
- *No student bookbags*
- *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 vegetables*
- *Park vehicles only in lined parking spaces*
- *Five parent volunteer hours are required annually*

Parent/Guardian Information 2023-2024

Registration Date: _____

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: _____ () Check to allow bulk CCP email notifications

Our computer management program uses only 2 email addresses, if you want to add an adult care giver’s address in lieu of one of the parent’s addresses to receive email notifications.

Email _____ Name _____

Relationship _____

Marital Status: Married Single Divorced Separated Widowed Other _____

PLEASE CIRCLE THE PROGRAM DESIRED

Program desired	2 day	3 day	5 day
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: _____

A physician’s individualized care plan is required before the beginning school for children with special health care needs or food allergies requiring medications

Pediatrician’s Name: _____ Phone: () _____

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

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Additional Comments & Information:

Is there is any other information that 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.

By signing below, I assume all responsibility of harm, illness or injury, which might occur to my child due to his/her/my participation in the program. 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 is unable to be reached in an emergency, the school has our permission to obtain medical attention for the child by the Hospital Emergency Room. If ER is deemed necessary, Gaston Emergency Medical Services will transport child.

A copy of 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 give permission to have my phone number and address printed in my child's class directory

Each family must confirm to each of the below by initialing each:

____ I agree to read and comply with the policies stated in the CCP Family Handbook

____ I agree to apply diaper cream, sunscreen, mosquito spray/lotion on my child before arrival to 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 can 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 when sending food to school that it 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 park in lined parking spaces and follow parking lot directional arrows for safety.

Parent Signature: _____ Date: _____

12/30/2023

Covenant Community Preschool (CCP) Inclusion Policy

Policy Statement:

CCP is committed to providing developmentally appropriate early learning and development experiences that support the access and participation of each child. We believe each child is unique and will work in partnership with families and professionals involved in the child's care to provide the support needed for school success.

Strategies:

Inclusive Environment CCP uses developmentally appropriate practices and considers the unique needs of each child when planning and making the realistic adaptations necessary to meet the needs of children. CCP's staff will work with children's therapists and other professionals to implement strategies into class routines and activities.

Family-Centered Practices CCP acknowledges and respects each family's priority for their child. Parents are encouraged and supported to collaborate with staff to ensure that each child has an opportunity for school success.

Professional Development and Support for Staff CCP is not a therapeutic school; however, efforts are made to ensure that CCP staff are confident of meeting the developmental and educational needs of the children we serve.

Collaboration with Other Professionals Many children with special needs, including behavioral, are supported by developmental and educational professionals. CCP welcomes professionals and works with them to help assure the child's success. The service provider may provide services for the child in the classroom environment and work collaboratively with the classroom teachers to determine the best strategies to support the child in the group setting. CCP supports the child's teacher's participation in Individualized Education Program (IEP) meetings. Shadow support is welcomed and occasionally required by CCP if it is deemed necessary by staff or outside professionals for the child's success in school.

In some cases, CCP may not be able to provide the level of services a child needs. If this is determined, CCP will work with the child's parents to locate a facility that specializes in the child's particular learning profile.

Considerations for enrollment

1. Children who have been evaluated and identified as having special needs before their enrollment are considered for admission on an individual basis. Relevant records and evaluations must be provided to CCP at the time of application, including an IEP if available. The Director will consult with parents to gain information about the child's developmental strengths and weaknesses. Based on this information, the Director will decide on school enrollment.

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

3. The behavior and maturity of the child may influence the child's success in school.

4. **IMPORTANT-Determining factor to attend CCP, the child must be able to maintain the class schedule. For example, the child physically, emotionally, maturely, or cognitively can keep the class timetable.**

After enrollment, the child is observed to determine CCP's ability to meet the child's needs. A conference between the child's parents and teachers may be scheduled 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 is unable to meet the child's needs.**

If it is determined that CCP cannot meet the child's needs, enrollment will be canceled.

A child not identified as having special needs before admission may be asked for an evaluation after acceptance to CCP.

The assessment recommendation may originate with the staff, parents, or health personnel. Parents are expected to arrange an evaluation within 30 days and share the date for the assessment with CCP staff to continue enrollment. CCP will offer guidance during this process. **A copy of the evaluation results is required to be shared with CCP staff to continue enrollment.** CCP also asks that staff be permitted to participate in placement and IEP meetings. Based on the information received and consultations with parents, teachers, and professionals, a decision about the child's continued enrollment will be made. If parents decline the evaluation of their child and it is determined the child is not functioning well in the classroom, parents will then be asked to seek another placement.

Whenever possible, CCP will make reasonable adaptations to meet each child's individual needs. However, **the safety and successful functioning of the class unit always has priority over the individual needs of any given child.**

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

Signature of Parent or Legal Guardian _____ Date _____

REQUIRED VOLUNTEER SERVICE AGREEMENT 2023-2024

FIVE-HOUR COMBINED FAMILY VOLUNTEER ANNUAL COMMITMENT

The parents or guardians agree donate 5 volunteer hours to the school annually.

Services shall include, but may not be limited to, the following: CCP Biannual Consignment Sale , Biannual Pasta Dinner Fundraiser, assisting teachers in preparing classroom items, fill-in in the classroom when teachers need to leave a partial day and working with an employed classroom teacher, help director provide needed services to the school, such as moving furniture, repairs, providing playground sand and pea gravel, or spreading playground mulch. (This does not include normal parent involvement activities not limited to holiday parties, playdough and snack volunteers, classroom readers, and sharing of parent's occupation/hobby. It is mutually and expressly understood that volunteer services shall be donated and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.

PARENT OR GUARDIAN SIGNATURE _____

Date _____

CCP Health Certificate 2023-2024

Section I to be completed by parent/legal guardian:

CHILD _____
Last First Middle
Age _____ Birth Date ____/____/____

PARENT/LEGAL GUARDIAN

Last First
Address

Street City State ZIP

1. Does your child have any medical conditions the staff should be made aware of _____
2. Does your child have any known allergies? _____
If so, a health care plan is required from your health care provider?
Explain _____

3. Is your child on any special dietary restrictions? _____
4. Do you have any special requests regarding your child's care while at school? _____

Parent / legal guardian signature

Section II to be completed by a 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? _____
Include an individualized health care plan for special needs, restrictions or allergies.
Include condition, symptoms and course of action.
4. Are the child's immunizations up to date? _____
5. Date of most recent health checkup? ____/____/_____
6. Any comments or recommendations? _____

A COPY OF THE CHILD'S HISTORY OF IMMUNIZATIONS IS REQUIRED.

Results of Tuberculin Test, if given: Type _____ Date _____ Normal _____ Abnormal _____

If child has not had an immunization, please note the reason- parental _____ religious _____
other _____

Physician signature _____ Date _____

INDIVIDUALIZED CARE PLAN

An Individualized Care Plan (prepared by the child's doctor) is required for children with special health care needs (such as allergies, diabetes). Individualized Care Plan includes the condition, symptoms and the course of action the CCP staff should follow if symptoms occur.

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

The Individualized Care Plan is due before the first day of school with the health certificate.

Need a health certificate completed or a vaccination?

Call the Gaston County Health Dept. 704-853-5000.

12/30/22