

Community Christian Preschool

2022-2023



3 year-old Preschool
Registration



COMMUNITY CHRISTIAN SCHOOL

2406 9½ Avenue South, Fort Dodge, IA 50501

515-573-3011 ccsofficefd@gmail.com www.ccsfd.org

Serving God by providing families an academically-excellent, Biblically-integrated education, which encourages spiritual development and social responsibility in an environment where students can develop their God-given gifts and talents.

Dear 3 Year-Old Preschool Family:

We look forward to serving your child at Community Christian Preschool. We offer an inspiring, interactive environment for your child to learn and grow spiritually, socially, and academically.

Enclosed are forms you will need to register your child. A non-refundable registration fee is due when your registration packet is submitted to the school office, which will reserve your child's place. Students are enrolled in the order applications are received.

Please include a copy of current immunizations.

A quick note regarding physicals – in accordance to DHS standards (with whom we are licensed), your child's preschool physical is valid for one calendar year. For example, if your child's physical is completed in March, DHS will require you to have another physical the following March. In order to have only one physical per school year, consider making an appointment now for an early summer visit to your doctor.

If you have questions, please call (515) 573-3011.

Sincerely,
Community Christian Preschool

Community Christian Preschool

2022-2023

3 year old

Please fill out the following forms and return them to the school office:

- CCS Registration Form
- Parent Questionnaire
- Pick-up Permission
- Authorization Form
- Dental Form
- Medical Release Card
- Preschool Parent Agreement

In addition to the forms mentioned above, you must turn in the following:

- Physical Examination from your child's Physician & signed by Physician
- Certificate of Immunization-signed by your child's Physician or Nurse
- Non-refundable Registration Fee \$50
- CACFP (Food Service) Enrollment Form (available after July 1st)
- Free & Reduced Application (available after July 1st)
- Linking Families Tuition Assistance Application (available after August 1st)

If you have any questions, feel free to contact the CCS office at 515-573-3011 or ccsofficefd@gmail.com.

Community Christian 3 Year Old Preschool

2406 9½ Avenue South – Fort Dodge, Iowa 50501 – Phone: (515) 573-3011

Preschool Application for Student Enrollment 2022-2023 School Year

PLEASE PRINT legibly & neatly.

Date: _____

Student's Full Name: _____
(Last) (First) (Middle) (Goes By)

Birthdate: _____ Age: _____ Male _____ Female

Address: _____ Entering Preschool: (please check 1st preference)

City, State, Zip: _____ **Preschool session preferred:**

Home Phone: _____ 3 yr. old _____ 2 Day/Week (M & Th) 8:00 - 11:00 am

E-mail Address: _____ 3 yr. old _____ 2 Day/Week (Tu & F) 8:00 - 11:00 am

****Schedule to be determined by number of students registered.**

Ethnicity: ___ American Indian or Alaska Native ___ Asian ___ Native Hawaiian or Other Pacific Islander

___ Black or African American ___ Latino ___ White

School District: ___ Ft. Dodge Comm. ___ Manson/NWW ___ Prairie Valley ___ Webster City ___ SE Webster ___ Other _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Father Cell Phone: _____ Mother Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Child lives with: ___ Both Parents ___ Mother ___ Father

Church Currently Attending: _____

EMERGENCY CONTACTS

(Persons authorized to care for your child or to contact in case of an emergency if mother or father cannot be reached)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship to Child: _____ Relationship to Child: _____



\$50 Registration fee (non-refundable) must accompany this application.

Visit us online: www.ccsfd.org

(Tuition is payable in 10 installments)

Community Christian Preschool Parent Questionnaire

Date _____

Child's Name _____ Name Child Goes by _____

Child's Date of Birth _____ Home Phone _____

Parent/Guardian Name _____

Parent/Guardian Name _____

All information given is kept confidential and is used to make your child comfortable and to accommodate your child in every way possible.

Were there any special circumstances surrounding your child's birth such as premature birth, early trauma, adoption, prolonged hospitalization, etc? If yes, please describe:

Child's age when child first walked _____

Child's age when completely toilet trained during day hours _____ Overnights _____

What time does your child go to bed each night? _____

What time does your child get up in the morning? _____

Does he/she wake up easily? _____

Does your child nap on the weekends? _____ If yes, how long? _____

Does your child have any allergies or sun sensitivities? If yes, describe fully:

Has your child ever been hospitalized? Yes _____ No _____ If yes, give dates and reasons:

Name all of the people living in your household and describe how they are related to your child:

List pets and their names: _____

Does your child have any special attachments such as a blanket, thumb, etc.?

OVER

Community Christian Preschool

Preschool Medical Release Card

PARENTS/GUARDIAN – Child Information

Child's Name	Child's Birthdate / /	Name of Center, Provider, or Preschool Community Christian Preschool Phone # 515-573-3011
Parent #1 Name	Parent #2 Name	
Child Home Address #1	Telephone #1	
Child Home Address #2	Telephone #2	
Where Parent #1 Works	Work Address	Home Phone # Work # Pager # Cell Phone # Home email- Work email-
Where Parent #2 Works	Work Address	Home Phone # Work # Pager # Cell Phone # Home email- Work email-

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL (Trinity Regional Medical Center/UnityPoint) or DENTAL CARE even if the child care center is unable to immediately make contact with the parent/guardian. YES NO

During an emergency the child care provider is authorized to contact the following person when parent or guardian cannot be reached.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Child's Doctor's Name:	Doctor Telephone #	Hospital Choice
Doctor's Address	After Hours Telephone #	Does Child have Health Insurance? <input type="checkbox"/> Yes, Company _____ ID# <input type="checkbox"/> No
Child's Dentist's Name:	Dentist Telephone #	Does Child have Dental Insurance? <input type="checkbox"/> Yes, Company _____ ID# <input type="checkbox"/> No
Dentist's Address:	After Hours Telephone #	<input type="checkbox"/> Secondary Insurance Company _____ ID#
Other Health Care Specialist Name:	Telephone #	
Type of Specialty:		

Child's Name: _____

Dental Form
Community Christian School

Community Christian School
2406 9 ½ Ave South
Fort Dodge, IA 50501

Dr. Jim Knight, a Fort Dodge family dentist and supporter of CCS has agreed to be the Emergency Dental Contact person in case of a dental emergency for any family that does not have a dentist listed on their enrollment paperwork. Dr. Knight has provided patients in Fort Dodge dental care since 1984. In the event of an emergency dental where a dental visit is required, every effort will be made to contact the child's parent or emergency contact person. All dental fees will be the responsibility of the parent and not of the school. Jim Knight's dental office is located at 1800 Floral Ave, Fort Dodge, IA 50501. His phone number is 515-573-8251.

Parent signature: _____ Date: _____

Community Christian Preschool

PRESCHOOL PICK-UP PERMISSION

CHILD'S FULL NAME

I hereby give permission for my child to leave the center with the following person(s) named below. It is the responsibility of the parents to notify the preschool director, in writing, of any changes. **For the occasional change in pick-up person please send written notification including the name of person and date.** (Remind substitutes to bring identification as they may be required to show it.) A signature will be required on the sign-in and sign-out sheet daily.

**My child will.....

_____ Be picked up from preschool

_____ Return to CCS Daycare after preschool (Must be enrolled)

Name

Relationship to Child

Signature of Parent or Guardian

Date

Community Christian Preschool

TRAVEL AND ACTIVITY AUTHORIZATION:

I _____ do or _____ do not give permission for my child to leave Community Christian Preschool for trips in a car or on public transportation to special places, walks to the park, shopping trips, etc. I understand that I will be notified before any activity.

MEDICINE AUTHORIZATION:

I _____ do or _____ do not authorize the use of triple antibiotic ointment on my child while attending his/her preschool class.

I _____ do or _____ do not authorize the use of sunscreen on my child while attending his/her preschool class. (If you want this it must be supplied to the preschool teacher with child's name on it).

I _____ do or _____ do not authorize the use of insect repellent on my child while attending his/her preschool class. (If you want this it must be supplied to the preschool teacher with child's name on it).

INFORMED CONSENT RELEASE:

Picture/Photo Release: I understand that Community Christian Preschool may take videos or pictures of my child throughout the day. Mark below to grant permission for these images to be used for external viewing, including but not limited to, the newspaper, webpage, Facebook or advertisements (with no names included).

_____ I do give my permission to all of the above

_____ I do not give my permission to any of the above

School Yearbook: I understand that Community Christian School will add my child's picture and name into the annual yearbook. This will only be available to students Pre-K to 8th grade students. There will be pages dedicated to the preschool.

_____ I give permission to have my child's picture in the yearbook

_____ I do not give permission to have my child's picture in the yearbook

(Parent/Guardian Signature):

(Child's Full Name):

(Date):

PRESCHOOL PARENT AGREEMENT

Parents must sign the following "Parent Agreement" as a condition for enrollment in Community Christian Preschool. Please read it thoroughly and sign it at the bottom.

- 1) We agree to accept all the rules and regulations of Community Christian Preschool.
- 2) We will encourage our child to comply with school regulations. We realize the school reserves the right to dismiss any child and/or family who does not respect or endorse the school's spiritual standards or does not cooperate with the educational program. We will do all in our power to see that our child respects and obeys the school personnel and rules.
- 3) We recognize that for our child to make good progress and adjust to other children in the preschool, it is essential that we have confidence in our child's teacher and school. In areas where we may have a grievance, we agree to not complain to any parent but with a prayerful Christian spirit register only necessary complaints with the teacher or principal and follow the standards set forth in Matthew 18:15-17.
- 4) We understand the standards of the school do not tolerate profanity, obscenity in word and/or action, or disrespect to personnel or other children of the school.
- 5) We give permission for our child to take part in all school activities, including trips away from the school premises. We absolve the school from liability because of injury to our child at school or during any school activity, provided reasonable care has been taken.
- 6) We agree to have our child picked up promptly at the dismissal time for the morning sessions making every effort to be on time.
- 7) We agree to pay the annual registration fee.
- 8) We have read and are in agreement with the current Preschool Handbook and shall endeavor to support and uphold the principles, practices and policies of the Preschool in every way.

Father or Guardian Signature

Date

Mother or Guardian Signature

Date