

# Community Christian Preschool

2022-2023



**4 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 4 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. Your registration form must be submitted to the school office to reserve your child's place. Students are enrolled in the order applications are received. Please include a copy of your child's 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

4 year old

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

- CCS Application Form
- Fort Dodge Registration Form (front & back) - (this will go to the state for tuition-free 4 yr. preschool)
- Preschool Parent Questionnaire
- Pick-up Permission
- Consent Form
- Dental Form
- Preschool Medical Release Card
- Parent/Teacher Contract
- Bible Time Authorization
- Preschool Parent Agreement
- Clothes Changing, Sunscreen & Insect Repellent Authorization

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

- Physical Examination - signed by your child's Physician
- Certificate of Immunization - signed by your child's Physician or Nurse
- CACFP (Food Service) Enrollment Form (available after July 1<sup>st</sup>)
- Free & Reduced Application (available after July 1<sup>st</sup>)

**If you have any questions, feel free to contact the CCS office at 515-573-3011 or [ccsofficefd@gmail.com](mailto:ccsofficefd@gmail.com)**

# Community Christian 4 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: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Tuition Free Program Schedule: (select one)

Home Phone: \_\_\_\_\_ AM session \_\_\_\_\_ PM session

\_\_\_\_\_ Re-Registration \_\_\_\_\_ New Enrollment \*Days off for Professional Development will be listed on calendar.

E-mail Address: \_\_\_\_\_

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: \_\_\_\_\_

Visit us online: [www.ccsfd.org](http://www.ccsfd.org)

Student Information		Student Id:	
Student Legal Last Name:	Student Legal First Name:	Student Middle Name:	
Gender:	Birth Date:	Grade:	
Is this student Hispanic/Latino?  Yes                      No	What is the student's race? (Choose one or more)  <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White		
Home Phone:			Phone is Unlisted:
Mailing Address: City: State: Zip code:			
Residence Address: City: State: Zip code:			
Birth City/State:	Birth Country: (if other than United States)	Date Entered US if not born in US?:	
Emergency Contacts--other than parent(s)			
Contact 1			
Name:	Relationship:	Telephone:	
Address:			
Contact 2			
Name:	Relationship:	Telephone:	
Address:			
Please check any of the following that your child has experience with:			
<input type="checkbox"/> Crayons	<input type="checkbox"/> Scissors	<input type="checkbox"/> Skipping Rope	
<input type="checkbox"/> Glue	<input type="checkbox"/> Paint	<input type="checkbox"/> Puzzles	
<input type="checkbox"/> Music	<input type="checkbox"/> Clay		
How do you want your child to benefit from this program?			
Is there anything you can tell us about your child which will assist us in working with him/her?			
Does your child play with children: <input type="checkbox"/> His/Her same age <input type="checkbox"/> Older than him/her <input type="checkbox"/> Younger than him/her			
Family Information- Please list all other children in this household below			
Childs Name	Birthday	Childs Name	Birthday

(Over Please)

# Community Christian Preschool

## Preschool Medical Release Card

### PARENTS/GUARDIAN – Child Information

Child's Name		Child's Birthdate / /	Name of Center, Provider, or Preschool <b>Community Christian Preschool</b> Phone # <b>515-573-3011</b>	
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: \_\_\_\_\_

# 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:

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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:

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

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

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List pets and their names: \_\_\_\_\_

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

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OVER

# Parent/Teacher Contract

## Parent Responsibilities

- Complete required paperwork
- Two home visits
- Two conferences
- Two Parent Education Nights
- Complete mid-year Survey
- Ongoing communication with classroom teacher including checking the student folder weekly
- Non-refundable Registration fee

## Teacher Responsibilities

- Quality program with a licensed teacher and a certified associate
- Minimum of ten hours of weekly classroom time
- Report outcomes to the state preschool board
- Implement research based curriculum- Creative Curriculum
- Work to achieve Kindergarten Readiness skills
- Collect data for assessments
- Create lessons to reach Common Core goals
- Work with children to enhance social skills

Child's Name: \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

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

Teacher's Signature:

\_\_\_\_\_

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 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.

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Father or Guardian Signature

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Date

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Mother or Guardian Signature

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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 persons 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 sign-in and sign-out sheet will be available daily for signatures from who is picking up your child.

**\*\*My child will be.....**

\_\_\_\_\_ **Picked up from preschool**

\_\_\_\_\_ **Returned to CCS daycare after preschool (Must be enrolled)**

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Bible Time Authorization

Each preschool day we set apart 10 to 15 minutes for Bible instruction. Bible time includes prayer, Bible stories, songs about God, and dramatizations. As part of the Statewide Preschool Grant, before a child is allowed to participate parental authorization is required.

**Please check the appropriate line.**

I consent for my child to participate in Bible time during his/her preschool class time.

I do not consent for my child to participate in Bible time during his/her preschool class time.

**Child's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

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

# Community Christian Preschool

## Parent Authorization for Changing a Child's Clothing at Preschool

It is not uncommon for a 3 or 4 year old to have a bathroom related accident. If your child has an accident while at preschool, please indicate what you would like our staff to do. In all incidents, our staff strives to protect the dignity and privacy of the child. Children are changed in a private bathroom area, but are never alone with any staff in an isolated part of the building.

If there is a bathroom or recess (wet slide, snow, rain) related incident:

\_\_\_\_\_ 1. I would like preschool staff to change my child's wet or soiled clothing and to keep him/her at school if he/she is not ill.

\_\_\_\_\_ 2. I would like to be notified and I, or a designated person, will come and change him/her or take him/her home.

\_\_\_\_\_ 3. My child is potty trained or is being potty trained at this time and will need to be changed by staff during the day. I will send extra clothing to be kept at school.

Please send a complete change of clothing with your child to school including a shirt, pants, underwear and socks. The clothing will be left at school. If your child does have an accident and needs to change their clothing at school, the soiled clothes will be sent home with them that afternoon. Any clothes used to change your child should be washed and return to the classroom as soon as possible.

Thank you!

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Community Christian Preschool

## Parent Authorization for Sunscreen & Insect Repellent

### Sunscreen

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

to the Community Christian preschool staff to apply sunscreen to my child as needed for outdoor play and learning. I will provide a labeled container of sunscreen specifically for my child if I do not wish for them to use the sunscreen provided by the school.

### Insect Repellent

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

to the Community Christian preschool staff to apply insect repellent containing DEET once daily to my child for outdoor play and learning. I will provide a labeled container of insect repellent specifically for my child if I do not wish for them to use the repellent provided by the school.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Consent Form

## 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 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 8<sup>th</sup> 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):

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(Child's Full Name):

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(Date):

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**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 where a dental visit is required, every effort will be made to contact the child's parent or emergency contact person first. 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: \_\_\_\_\_