

KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER

A Division of Kingwood Christian School

A Ministry of Kingwood Assembly of God

(205) 620-6720 FAX (205) 564-0003 Admissions Coordinator: (205) 540-5778

Web Address: www.kccdc.com

ABEKA

MATH & LANGUAGE SCOPE AND SEQUENCE

DC3 - K5

Kingwood Christian Child Development Center uses the ABEKA Curriculum as the main curriculum, which emphasizes the phonics and math areas. The following provides an abbreviated scope and sequence showing the major concepts in each area.

The curriculum is presented to the three and four year olds in an age appropriate method to provide an atmosphere that is conducive for learning if the child is developmentally ready. However, if the child's developmental skills are weak, and he/she is unable to process the information, opportunities to learn are repeated. The concepts taught in DC3 and K-4 are presented again in K-5, when most children should be developmentally ready for the advanced curriculum.

DC3

- Phonics - Recognition of name, sound, and picture for short vowels and consonants
Formation of vowels and consonants in upper and lower case
Language development and listening skills that include color words, shapes, animals, transportation and manners.
- Numbers - Simple counting 1 - 30
Number concepts 1 - 15

K-4

- Phonics - Recognition of name, sound and picture of long and short vowels and consonants
Sounding of blends and one - and two - vowel words
Reading of sentences and stories with one - and two - vowel words
- Numbers - Number recognition and counting 1 - 100
Number concepts 1 - 20; before and after 1 - 20

K-5

- Phonics - Recognition of name, sound, and picture of long and short vowels and consonants
Sounding of blends, one - and two - vowel words, and words with special sounds
Beginning phonics rules and special sounds
Reading of sentences and stories with one - and two - vowel words, and special sounds words from twelve books
- Arithmetic - Number recognition, counting, and writing 1 - 100
Number concepts 1-100; before and after 1-100; largest and smallest 1-100
Counting and writing by tens, fives, and twos to 100
Addition facts through 10; one step story problems in addition
Using number words 1 - 10; Number sequences by ones
Value of coins and dollar bill
Telling time
Using the calendar; Days of the week
Beginning subtraction

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APPLYING FOR K4 ADMISSION

Upon completion of the above, an appointment date will be set for the Brigance Screener to be administered to your child. Results will be tabulated and relayed to the Director for perusal. 75% competency levels for the Brigance Screener must be attained by the student. Admission to KCCDC is based upon the compilation of the student references, birth date, developmental skills, results from the Brigance Screener, behavior and pre parent/child interview.

An applicant for K4 must be four years old on or *before* September 1, of the year applied for, in order to be considered for enrollment. Chronological age is only one factor to be considered in determining the child's readiness. If it is determined by the Admissions Committee that it is not in the student's best interest to be placed in the grade level applied for in the current school year, a letter of referral to another grade level or an alternate school will be issued. Written notification of acceptance/referrals for all prospective students will be determined by the above factors. Some children may be required to complete the prior grade level if the Brigance Screening does not warrant the grade level requested by the parent. Our desire is to place your child into a classroom setting in which he/she will be successful.

Upon written notification of official acceptance, an activity fee will be due in order to secure the class position for your child. Please refer to the Tuition Schedule for additional details, or you may contact the KCCDC office for more information.



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Date Application Received: _____

Time Application Received: _____

Application Received By: _____

K4 APPLICATION

PLEASE READ CAREFULLY, THIS IS A LEGAL CONTRACT.

Full Time Part Time Requested Start Date: _____

Date of Application: _____ Estimated Arrival Time: _____ Estimated Departure Time: _____

I. STUDENT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Goes By: _____

Social Security #: _____ Age: Yrs _____ Months _____ Birthday: ____/____/____

Race: _____ Sex: _____ Child #: _____ of _____ at Kingwood Church Affiliation _____ Member? _____

Has the student ever made a profession of faith in Jesus Christ? _____

NAMES OF BROTHERS/SISTERS	AGE	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have children of school age that will not be enrolling at Kingwood, please explain the reason(s):

II. PARENT/GUARDIAN INFORMATION

PARENT

Last Name (Father): _____ Title (Rev./Mr.): _____ First: _____

Last Name (Mother): _____ Title (Rev/Mrs./Ms.): _____ First: _____

Address: _____ City: _____ Zip: _____ County: _____

Home Phone () _____ Work Phone (Father) () _____ Work Phone (Mother) () _____

Cell (Father) () _____ Able to receive text Yes No Cell (Mother) () _____ Able to receive text Yes No

E-Mail (Father): _____ Occupation and Employer: _____

E-Mail (Mother): _____ Occupation and Employer: _____

Relationship to Student: _____ Lives with Student: _____ Responsible for Tuition/Expenses: _____



OTHER GUARDIAN OR INDIVIDUAL RESPONSIBLE FOR TUITION

Last Name: _____ Title (Rev./Mr./Mrs.): _____ First Name: _____

Address: _____ City: _____ Zip: _____ County: _____

Home Phone () _____ Work Phone () _____ Cell () _____

Email: _____

Occupation & Employer: _____

Relationship to Student: _____ Lives with Student: _____ Responsible for Tuition/Expenses: _____

Are there any domestic/court visitation/DHR or Family Services situations that affect the custody, parental responsibility, or school pickup authorization of your child? Yes _____ No _____ If yes, please provide the CDC with the legal/court documents for such.

The Administration reserves the sole right to request withdrawal of a child for the overall safety and welfare of the children/staff of the CDC.

III. EDUCATIONAL INFORMATION

List all schools the student has attended, including Daycare and Kindergarten.

SCHOOL/DAYCARE	CITY/STATE	GRADES	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mailing address of most recent school/daycare:

Has this student ever repeated a grade? YES / NO If yes, which grade? _____

Reason: _____

Does this student have any physical or emotional problems which require special medication? YES / NO

Please explain: _____

Has this student ever had any serious discipline problems, been suspended or expelled from school/daycare?

Please explain: _____





IV. FAMILY CHRISTIAN BACKGROUND INFORMATION

Which most accurately describes the family's church attendance: Member Active in church
 Attends Sunday School Attends occasional Attends only a few times a year

What church do you attend? _____

Does the entire family attend together? YES / NO If not, please explain: _____

Explain briefly why you desire a Christian education for your child: _____

Why did you choose Kingwood Christian Child Development Center? _____

Who referred you to KCCDC? _____

I/WE **DO** AUTHORIZE THAT MY/OUR CHILD'S LIKENESS MAY BE PHOTOGRAPHED OR VIDEOTAPED BY THE SCHOOL IN THE COURSE OF SCHOOL ACTIVITIES. I/WE HEREBY **GIVE CONSENT** FOR THE SCHOOL TO USE MY/OUR CHILD'S LIKENESS IN PROMOTIONAL, ADVERTISING, WEBSITE AND/OR FACEBOOK.

I/WE **DO NOT** AUTHORIZE THAT MY/OUR CHILD'S LIKENESS MAY BE PHOTOGRAPHED OR VIDEOTAPED BY THE SCHOOL IN THE COURSE OF SCHOOL ACTIVITIES. I/WE HEREBY **DO NOT GIVE CONSENT** FOR THE SCHOOL TO USE MY/OUR CHILD'S LIKENESS IN PROMOTIONAL, ADVERTISING, WEBSITE AND/OR FACEBOOK.

ACCEPTANCE OF EXISTING STUDENTS FOR THE UPCOMING YEAR IS CONTINGENT UPON EACH CHILD'S BEHAVIOR AND ACADEMIC EFFORT/PERFORMANCE DURING THIS PRESENT YEAR.

EXISTING FAMILIES WILL ONLY BE ALLOWED TO RE-ENROLL IF ACCOUNT BALANCES ARE CURRENT.

THE ADMINISTRATION RESERVES THE SOLE RIGHT TO REQUEST WITHDRAWAL OF A CHILD FOR THE OVERALL SAFETY AND WELFARE OF THE CHILDREN/STAFF.

I HAVE READ THE 2017-2018 SCHEDULE FORM AND THE EXPLANATIONS OF FEES AND POLICIES CONCERNING PAYMENTS. FAILURE TO MEET FINANCIAL OBLIGATIONS WILL RESULT IN COLLECTION EFFORTS AND COLLECTION FEES ADDED TO OUTSTANDING BALANCES, AS DEEMED APPROPRIATE BY ADMINISTRATION. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE FOR ANY REASON.

I ALSO CONTINUE TO ACCEPT THE CONDITIONS AND REQUIREMENTS OF ALL OTHER OFFICIAL POLICIES AND PROCEDURES OF KCS OR KCCDC, AS STATED IN THE HANDBOOK AND ADMISSION POLICIES WHICH INCLUDES THE PARENT STATEMENT.

FATHER'S SIGNATURE: _____ DATE: _____

MOTHER'S SIGNATURE: _____ DATE: _____

GUARDIAN'S SIGNATURE: _____ DATE: _____





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KCCDC EMERGENCY CONTACT MEDICAL/TRANSPORTATION RELEASE

Child's Name: _____ Birthdate: _____ Age: _____
(In Months)

Parent's/Guardian Name: _____

MEDICAL HISTORY INFORMATION

(PLEASE DO NOT LEAVE ANY SPACES BLANK)

<u>Communicable Diseases:</u>	<u>Date:</u>	<u>Other Conditions:</u>	<u>Date:</u>
Chicken Pox	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	Croup	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Diphtheria	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Measles	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	Reactive Airway	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Mumps	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	Urinary Reflux	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Whooping Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	Eczema	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Scarlet Fever	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	Ear Infections	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Meningitis	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	Other	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
Rubella	<input type="checkbox"/> YES <input type="checkbox"/> NO _____		
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO _____		

Does your child take medication on a regular basis? YES NO If yes, what are they?

Please indicate allergy and reaction below:

Allergies:

Medications	<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergy: _____	Reaction: _____
Specific foods	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Ant bites	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Bee Stings	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
Other	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____

Does your child have:

Nebulizer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Birthmarks	<input type="checkbox"/> YES <input type="checkbox"/> NO
Inhaler	<input type="checkbox"/> YES <input type="checkbox"/> NO	(Location/appearance)	_____

Accidents: _____ Dates: _____

Operations: _____ Dates: _____

Dental Needs: _____

Changes that have taken place in the health and/or care of your child since last year's enrollment:

(N/A to New Students)





In the event my child needs medical attention and KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER is unable to reach me, I authorize the persons named as medical contacts to speak and act on my behalf for my child's welfare. I have advised these persons of any special medical needs my child may require.

I release the staff of KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER and KINGWOOD ASSEMBLY OF GOD from any liabilities in connection with the administering of first aid and other necessary medical attention required by my child including transportation in an emergency situation.

In the event of an emergency when neither I nor my authorized contacts can be reached, the School authorities are hereby authorized to use their best judgment in obtaining medical attention/treatment for my child.

I further consent to be responsible for any cost incurred with regard to any of the forgoing medical services understanding that the school's student insurance coverage is secondary.

EMERGENCY CONTACT INFORMATION:

Parent's/Guardian Name		()
()	()	Home Phone
Father's Work	Father's Cell	()
()	()	Other
Mother's Work	Mother's Cell	()
		Other

SECOND EMERGENCY CONTACT:

THIRD EMERGENCY CONTACT:

In case I cannot be reached in an emergency, please contact

Name	
()	()
Home Phone	Cell
()	()
Work	Other

Name	
()	()
Home Phone	Cell
()	()
Work	Other

FOURTH EMERGENCY CONTACT:

FIFTH EMERGENCY CONTACT:

Name	
()	()
Home Phone	Cell
()	()
Work	Other

Name	
()	()
Home Phone	Cell
()	()
Work	Other

AUTHORIZED TO PICK-UP

List any persons other than parents/guardians and Emergency Contacts who are authorized to pick up student

CHILDREN WILL ONLY BE RELEASED TO PERSONS LISTED UNLESS A WRITTEN NOTE OR TELEPHONE VERIFICATION TO THE OFFICE IS RECEIVED FROM THE PARENT. ANY CHILD NOT PICKED UP BY 6:00 P.M. WILL BE CHARGED \$15.00 FOR EVERY 1-15 MINUTES THAT THE PARENT IS LATE. THIS FEE WILL BE CHARGED DIRECTLY TO THE PARENTS' ACCOUNT.

Name:	Home:	Work:	Cell:	Relationship:
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	
_____	()	()	()	

Parent's/Guardian Signature: _____ Date: _____



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STATEMENT OF FAITH

I personally believe and will support KINGWOOD CHRISTIAN SCHOOL/KCCDC in its adherence to and teaching of the following Statement of Faith:

1. The divine inspiration of only the Bible, without error in its entirety;
2. The one triune God, eternally existent in the Father, Son and Holy Spirit, who created man by a direct immediate act;
3. The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to heaven, and the second coming of the Lord Jesus Christ, the only Son of God;
4. The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all to life or damnation;
5. The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world, witnessing of His saving grace through the ministry of the Holy Spirit.

KCS PARENT OR GUARDIAN

STATEMENT OF AGREEMENT AND COOPERATION (Excerpt from KCS Handbook and is applicable to KCCDC)

Admission Policy

Kingwood Christian School/KCCDC admits students of any race, color, national or ethnic origin to all the rights, programs, privileges, and activities generally accorded or made available to students at the school.

1. We understand that all applications are made to the Administration of Kingwood Christian School/KCCDC which reserves the right to review before admission is approved. We understand that the admissions procedures include the submission of an application form with the application fee, testing fee, an application review, a family review, and testing/screening that enables the Administration to make a responsible decision. We also understand that all applicants who are accepted are done so on an eight-week trial basis, and anytime during the school year should the student's conduct or academic performance fall below the acceptable standards as established by KCS, tutoring, testing, or withdrawal may be required.
2. We understand that parents are the ultimate educators, and are responsible to God for the education of their children. Their responsibility is shared with the school during school hours when the Biblical directive to raise children in the nurture and admonition of the Lord (Eph. 6:4), and is transferred to the teacher. Parents, teachers and the church are partners in teaching the children at home, at school and at church with the consciousness that all truth comes from God (Col. 2:3). Godly precepts and truths practiced and taught at home should be consistent with those adhered to at school and at church.
3. We agree to support the school in its rules and regulations, and the student for whom we are making application agrees to abide by all the school rules and regulations, including the dress and hair code and the Standards of Conduct.
4. We invest authority in the school to discipline our child as necessary in a manner consistent with Christian principles and as set forth in the Scriptures. We understand that this may include demerits, detention, suspension, or expulsion. (We will be available to come to school anytime during the day to discipline our child if the Administration deems necessary.)
5. We agree that the applicant may receive instruction in the Christian faith, and understand that the school will be guided by a Christian world/life view in all of its programs and activities. We understand that there will be daily Bible reading and prayer in each class. *Bible subjects will be taught as a part of the regular curriculum and required chapel services will be held.*
6. We understand that Parent-Teacher Organization (PTO) meetings will be held periodically throughout the school year, and agree to become a part of the PTO working with other parents and KCS teachers for the betterment of Kingwood Christian School.



**STATEMENT OF AGREEMENT AND COOPERATION
(Excerpt from KCS Handbook and is applicable to KCCDC)
(Continued)**

- 7. We give permission for our child to take part in all field trips, sports activities, school activities, etc., including some events not on school premises. We absolve Kingwood Christian School and its parent body, Kingwood Assembly of God, and all the representatives of each, from all liability regarding our child which may arise due to circumstances occurring while at school or while under school supervision.
- 8. Kingwood Christian School admits students of any race, color, or national ethnic origin to all rights, privileges, programs and activities made available to students of the school. Kingwood Christian School does not discriminate on the basis of race, color, or national ethnic origin in administration of its educational policies and admissions.
- 9. We understand that a student is not officially enrolled until all applicable fees, records, entrance tests, immunization forms, birth certificate, social security number and other necessary documents are received in the school office and approved by the Administration.
- 10. We recognize that it is a privilege for our child to attend Kingwood Christian School and pledge to refrain from negative criticism of the school, especially in the presence of our child. We also pledge to refrain from sharing negative feelings about KCS staff and/or policies with other parents, but rather will handle differences/offenses in the biblical manner as stated in Matthew 18.

Acceptance of existing students for next year is contingent upon each child's behavior effort/performance during this present year.

I have read the schedule form and the explanation of fees and policies concerning payments. Failure to meet financial obligations will result in collection efforts as deemed appropriate by Administration. I also understand that all fees are non-refundable and non-transferable for any reason.

I hereby certify that I have read the KCCDC Daycare Policies and Procedures and this Student Application Form, including the Consent for Medical Treatment, Parent or Guardian Statement of Agreement and Cooperation, Statement of Faith, and I do agree to comply with the terms, conditions, and/or beliefs stated therein. I furthermore accept the conditions and requirements of all other official policies and procedures of Kingwood Christian School, including the payment of all fees and charges according to the published schedule of the school.

FATHER'S SIGNATURE: _____ **DATE:** _____

MOTHER'S SIGNATURE: _____ **DATE:** _____

GUARDIAN'S SIGNATURE: _____ **DATE:** _____





KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER

A Division of Kingwood Christian School

A Ministry of Kingwood Assembly of God

Date: _____

Dear _____,

Please complete the form below, giving KCCDC permission to administer the K4 Brigance Screener for your child, _____.

With your approval, we will proceed with the Screening. Please sign below and return the form as soon as possible. We will contact you at a later date to set up an appointment. If you have any questions, please contact the KCCDC office at 620-6720.

Thank you for your assistance in providing the best possible education for your child.

In His Service,

Mrs. Barbara A. Drackett
KCCDC Director



_____ I hereby give KCCDC permission to administer the K4 Brigance Screener to my child.

_____/_____
Parent's Signature Date





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**KINDERGARTEN REFERENCE
RELEASE FORM**

TO: _____ **CHILD'S NAME:** _____

PHONE: _____ **DATE OF BIRTH:** _____

I, _____, hereby give _____ permission to release
(Parent's Name) (Reference Name)

to Kingwood Christian Child Development Center, any behavioral, social or financial information
requested concerning _____. I release you and your institution from any
(Child's Name)

liability in furnishing said information on the enclosed Questionnaire. I understand that all information
will remain confidential.

_____/_____
Parent's Signature Date

