

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

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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Date Application Received: _____

Time Application Received: _____

Application Received By: _____



NEW STUDENT APPLICATION

PLEASE READ CAREFULLY, THIS IS A LEGAL CONTRACT.

Daycare K4 MDO Full Time Part Time Requested Start Date: _____

Date of Application: _____

I. STUDENT INFORMATION

Name (Last) _____ (First) _____ (M.I.) _____

Goes By _____ Race _____ Gender _____

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

Address _____ City _____ Zip _____

Siblings: _____

II. PARENT(S) RESPONSIBLE FOR TUITION

PARENT INFORMATION

Father:

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

Cell # () _____ E-mail _____

Work # () _____ Occupation & Employer _____

Address (if not the same as student) _____ City _____ Zip _____

Mother:

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

Cell # () _____ E-mail _____

Work # () _____ Occupation & Employer _____

Address (if not the same as student) _____ City _____ Zip _____

*Responsible for Tuition/Expenses _____ Relationship to student _____ Lives w/ student _____

OTHER GUARDIAN OR INDIVIDUAL RESPONSIBLE FOR TUITION

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

Address _____ City _____ Zip _____

Cell # () _____ E-mail _____

Work # () _____ Occupation & Employer _____

*Responsible for Tuition/Expenses _____ Relationship to Student _____ Lives w/ student _____

Spouse's name (if other than above) _____

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 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, or any in-home daycares.

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

Has this student ever had any serious discipline problems, been suspended, asked to withdraw or expelled from school/daycare? Please Explain: _____

Does this student have any physical or emotional problems which require special medication? Yes ___ No ___
If yes, 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 _____ Only a few times a year

Which church do you attend? _____

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

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 2018-2019 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.

KCS HANDBOOK LINK: https://app.sycamoreeducation.com/public_documents.php?id=1916&docid=1307643

PARENT/GUARDIAN’S SIGNATURE: _____ DATE: _____



DC1 ROOM QUESTIONNAIRE

PLEASE COMPLETE THIS SECTION IN FULL IF YOUR CHILD IS APPLYING FOR:

DC1 - NURSERY (8 Weeks to 8 months) OR DC1 - INFANT (8 months to 15 months).

(Ages are approximate for both classes)

1. How many weeks gestation was your baby at birth? _____
 2. How much did your baby weigh at birth? _____lbs. _____oz.
How much does he/she weigh now? _____lbs. _____oz.
 3. How many days did your baby stay in the hospital after birth? _____
 4. Has your baby ever had to be in Neonatal Intensive Care? YES / NO
If yes, for how long? _____ For what reason? _____

 5. Has your baby ever been placed on an apnea or bradycardia monitor? YES / NO
If yes, for how long? _____ When was this discontinued? _____
 6. Has he/she been readmitted to the hospital since the initial discharge after birth? YES / NO
If yes, please explain: _____

- Has your child had any surgical procedures? YES/NO If yes, please explain: _____

- *7. Does either parent or anyone in your household smoke (cigarettes, cigar, etc)? YES/NO
 - *8. Did baby's mother smoke either before finding out she was pregnant or during pregnancy? YES / NO
If you are not the biological parents of this baby, to the best of your knowledge, was the baby exposed to second hand smoke in utero? _____

 - *9. Is your baby exposed to second hand smoke now? YES / NO
 10. What position does your baby normally sleep in at home? (circle): Back Side Stomach
(Please note our policy regarding infant sleeping position)
 11. Does your baby get swaddled at home? _____ **(Please note our policy on swaddling)**
 12. Does your baby take formula or breast milk? _____
If formula, what brand? _____
If breast milk, have they taken from a bottle prior to starting daycare? _____
 13. What baby food is he/she eating at this time? _____

14. When does your baby usually eat and take a bottle?

Bottle Schedule:	_____	Baby Food Schedule:	_____
	_____		_____
	_____		_____
	_____		_____

15. How much formula / breast milk is usually consumed at each feeding? _____oz.

16. Does your baby usually burp easily? _____

17. Is it common for your baby to spit up? YES / NO

If yes, please describe: _____

18. How many hours does your baby sleep at night? _____hrs. From _____p.m. to _____a.m.

What is your baby's napping schedule? _____ *school nap schedule may vary from home schedule

Any additional information or comments (Please include anything else relevant to the care of your child.)

*This information is pertinent to the child's care, and by no means is meant to be defamatory in nature. The most current literature has established that babies exposed to second hand smoke are at greater risk of Sudden Infant Death Syndrome (SIDS) as reported by the American SIDS Institute and The National Institute of Child Health and Human Development.

-----Office Use only-----

Medical information reviewed by Nurse:

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	<u>Allergy:</u> _____	<u>Reaction:</u> _____
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.*

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

6. 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.
7. 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.
8. 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.

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 previously listed 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.

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



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REFERENCE RELEASE FORM

REFERENCE NAME: _____

FACILITY: _____

PHONE: _____ **EMAIL:** _____

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, as I understand that all information will remain confidential.

_____/_____
Parent/Guardian's Signature Date

