

KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER

A Ministry of Kingwood Church



NEW STUDENT APPLICATION

PLEASE READ CAREFULLY, THIS IS A LEGAL CONTRACT.

Date App. Received: _____

Time App. Received: _____

App. Received By: _____

Requested Start Date: _____

____ **Daycare** (8weeks-3years)

____ **Full Time** (5 days/week)

____ **K4** (must be 4 by September 1st)

____ **Part Time** (3 days/week)

____ **MDO** (8:30am-1:30pm *2 & 3 year old's)

STUDENT INFORMATION

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

Goes By _____ DOB ____ / ____ / ____ Age: Yrs. ____ Months ____

Race _____ Gender _____

Address _____ City _____ Zip _____

Siblings enrolled at KCCDC: _____

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 _____

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.

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, or asked to withdraw from a daycare? Please Explain: _____

Does this student have any physical or emotional problems which require special medication? Yes ___ No ___ If yes, please explain: _____

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? _____

1. Acceptance of existing students for the upcoming year is contingent upon each child's behavior and academic effort/performance during this present year.
2. Administration reserves the sole right to request withdrawal of a child for the overall safety and welfare of the children/staff.
3. I authorize that my 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.
4. I have read the 2020-2021 explanation 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.

Please initial & date the following statements:

_____ : I UNDERSTAND THAT A 30 DAY ADVANCE WRITTEN NOTICE OF INTENT TO WITHDRAWAL MY CHILD MUST BE SUBMITTED AND FULL PAYMENT FOR THE FINAL MONTH'S TUITION WILL BE BILLED TO MY SMART TUITION ACCOUNT. IF PROPER WITHDRAWAL NOTIFICATION IS NOT GIVEN, A FINANCIAL ASSESSMENT COULD BE POSTED TO MY SMART TUITION ACCOUNT.

_____ : I ACCEPT THE CONDITIONS AND REQUIREMENTS OF ALL OTHER OFFICIAL POLICIES AND PROCEDURES OF KCCDC, AS STATED IN THE ADMISSION POLICIES WHICH INCLUDES THE PARENT STATEMENT.

Parent/Guardian Signature: _____ Date: _____



DC1 ROOM QUESTIONNAIRE

Please complete this page, in full, if your child is 8 weeks-15 months old:

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 take formula or breast milk? _____
If formula, what brand? _____
12. What baby food is he/she eating at this time? _____

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

Bottle Schedule:	_____	Feeding Schedule:	_____
	_____		_____
	_____		_____
	_____		_____

14. How much formula / breast milk is usually consumed at each feeding? _____ oz.

15. Does your baby usually burp easily? _____

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

If yes, please describe: _____

17. How many hours does your baby sleep at night? _____ hrs. From _____ p.m. to _____ a.m.

What is your baby's napping 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:

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)

Communicable Diseases:			Date:	Other Conditions:			Date:
Chicken Pox	YES	NO	_____	Molluscum	YES	NO	_____
Diphtheria	YES	NO	_____	Asthma	YES	NO	_____
Measles	YES	NO	_____	Reactive Airway	YES	NO	_____
Mumps	YES	NO	_____	Urinary Reflux	YES	NO	_____
Whooping Cough	YES	NO	_____	Eczema	YES	NO	_____
Scarlet Fever	YES	NO	_____	Ear Infections	YES	NO	_____
Meningitis	YES	NO	_____	Congenital Heart Defect	YES	NO	_____
Rubella	YES	NO	_____	Sensitive Gag Reflex	YES	NO	_____
Croup	YES	NO	_____				

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

Please indicate allergy and reaction below:

Allergies:

	YES	NO	Allergy:	Reaction:
Medications			_____	_____
Specific foods			_____	_____
Ant bites			_____	_____
Bee Stings			_____	_____
Other			_____	_____

Does your child have:

Nebulizer	YES	NO	Birthmarks	YES	NO
Inhaler	YES	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 person's of any special medical needs my child may require.

I release the staff of KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER and KINGWOOD CHURCH 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.

PRIMARY EMERGENCY CONTACT INFORMATION

Parent/Guardian's Name

() _____
Mother's Cell

() _____
Father's Cell

() _____
Mother's Work

() _____
Father's Work

SECOND EMERGENCY CONTACT

THIRD EMERGENCY CONTACT

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

Name
() _____
Cell Work

Name
() _____
Cell Work

FOURTH EMERGENCY CONTACT

FIFTH EMERGENCY CONTACT

Name
() _____
Cell Work

Name
() _____
Cell Work

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 NOTICE OR TELEPHONE VERIFICATION TO THE OFFICE IS RECEIVED FROM THE PARENT. ANY CHILD NOT PICKED UP BY 6:00 PM WILL BE CHARGE \$15.00 FOR EVERY 1-15 MINUTES THAT THE PARENT IS LATE. THE FEE WILL BE CHARGED DIRECTLY TO THE PARENT'S ACCOUNT.

Name:	Relationship to Child:	Cell:	Work:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Guardian's Signature: _____ Date: _____

KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER

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(205) 620-6720 Web Address: www.kccdc.com

STATEMENT OF FAITH

I personally believe and will support 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.

PARENT OR GUARDIAN

STATEMENT OF AGREEMENT AND COOPERATION

Admission Policy

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 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, an application review, a family conference, and testing/screening (if applicable) 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 fall below the acceptable standards as established by KCCDC 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 will be available to come to school anytime during the day to discipline our child if the Administration deems necessary.
4. 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.
5. Kingwood Christian Child Development Center does not discriminate on the basis of race, color, or national ethnic origin in administration of its educational policies and admissions.
6. We understand that a student is not officially enrolled until all applicable fees, records, entrance tests (K4), immunization forms, birth certificate, and other necessary documents are received in the school office and approved by the Administration.
7. We recognize that it is a privilege for our child to attend KCCDC 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 KCCDC 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 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 KCCDC, including the payment of all fees and charges according to the published schedule of the school.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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REFERENCE RELEASE FORM

***Reference can not be a family member.**

REFERENCE NAME: _____

PHONE: _____ **EMAIL:** _____

DAYCARE FACILITY (if applicable): _____

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

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Kingwood Christian Child Development Center uses the ABEKA Curriculum as the primary curriculum and utilizes supplemental materials, which emphasizes the phonics and math areas. Kingwood Christian Child Development Center uses a variety of teaching methods, including small groups, learning centers, activity centers and literacy centers.

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 not yet developed, and he/she is unable to process the information, opportunities for learning are repeated.

ABEKA MATH & LANGUAGE SCOPE AND SEQUENCE

DC3 - K4

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

