

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)

\_\_\_ K4 (must be 4 by September 1<sup>st</sup>)

\_\_\_ Full Time (5 days/week)

\_\_\_ Part Time (3 days/week)

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) \_\_\_\_\_

Mother:

Last Name \_\_\_\_\_ Title (Rev./Mrs./Ms.) \_\_\_\_\_ First Name \_\_\_\_\_

Cell # ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Work # ( ) \_\_\_\_\_ Occupation & Employer \_\_\_\_\_

Address (if not the same as student) \_\_\_\_\_

\*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?

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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 2021-2022 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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**MEDICAL HISTORY INFORMATION**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**History of Communicable Diseases:**

	Yes/No	Date
Fifth Disease		
RSV		
Croup		
Hand, Foot, Mouth		
Shingellosis		
MRSA		
Meningitis		
Covid-19		
Strep Throat		
Roseola		
Molluscum		

**Other Conditions:**

	Yes/No	Date
Delayed Development:		
Evaluation by ARC? ( <i>birth-3yrs</i> )		
Hearing Loss		
Visual Limitations		
Reactive Airway/Asthma		
Urinary Reflux		
Eczema		
Ear Infections		
Congenital Heart Defect		
Sensitive Gag Reflex		
Enlarged Tonsils and/or Adenoids		

Does your child take medication on a regular basis? \_\_\_\_\_ If yes, please list all medications.

Is your child up to date on daycare required vaccinations? \_\_\_\_\_

**Allergies: Please indicate allergy or food restrictions with reaction and/or reason below:**

	Yes/No	Allergy	Reaction/ Reason	Mild, Moderate or Severe
Medications				
Specific Foods				
Ant Bites				
Bee Stings				
Other				

**Does your child have:**

	Yes/No		Yes/No
Nebulizer		Allergy Action Plan	
Inhaler		Epi-Pen	
Birthmarks		Birthmark(s) Location/appearance:	

Dental Needs: \_\_\_\_\_

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

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

\*In the event my child needs medical attention and KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER is unable to reach me, I authorized 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.

### EMERGENCY CONTACT INFORMATION

#### **Primary Emergency Contacts (Parents/Legal Guardian):**

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Second Emergency Contact:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Third Emergency Contact:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Fourth Emergency Contact:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Fifth Emergency Contact:** Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

#### **Additional Authorized To Pick-Up (*not Emergency Contacts*)**

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 charged \$15.00 for every 1-15 minutes that the Parent/Authorized Pick-Up is late. The Fee will be charged directly to Smart Tuition.

**Name:**

**Relationship to Child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# KINGWOOD CHRISTIAN CHILD DEVELOPMENT CENTER

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**(205) 620-6720    Web Address: [www.kccdc.com](http://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 \_\_\_\_\_.  
(Child's Name)

I release you and your institution from any 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 - 2