



Kingwood Christian Child Development Center

A Ministry of Kingwood Church

NEW STUDENT APPLICATION

PLEASE READ CAREFULLY, THIS IS A LEGAL CONTRACT.

Date App. Rcvd: _____
Time App. Rcvd: _____
App. Rcvd By: _____

Requested Start Date: _____

____ Daycare (8 weeks-3 years)
____ K4 (must be 4 by September 1st)

____ Full Time (5 days/week)
____ Part Time (3 days/week)
Requested Days: ____/____/____
*Subject to availability

STUDENT INFORMATION

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

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

Race _____ Gender _____ Siblings enrolled at KCCDC: _____

Address _____ City _____ Zip _____

PARENT INFORMATION

Father: Last Name: _____ First Name: _____

Cell # (____) _____ - _____ E-mail _____

Work # (____) _____ - _____ Occupation & Employer _____

Address (if not the same as student) _____

Mother: Last Name: _____ First Name: _____

Cell # (____) _____ - _____ E-mail _____

Work # (____) _____ - _____ Occupation & Employer _____

Address (if not the same as student) _____

*Alternate person responsible for Tuition/Expenses _____

Relationship to Student _____

Phone # (____) _____ - _____ E-mail _____

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 KCCDC with the legal/court documents for such.

EDUCATIONAL INFORMATION

List all schools the student has attended, including Daycare, or any in-home daycare's.

<u>SCHOOL/DAYCARE</u>	<u>CITY/STATE</u>	<u>GRADES</u>	<u>REASON FOR LEAVING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has this student ever had any serious discipline problems, been suspended, or asked to withdraw from a daycare? Yes ___ No ___

If yes, please explain: _____

Does this student have a diagnosis that requires medication or therapies of any kind?

Yes ___ No ___ If yes, please explain: _____

FAMILY CHRISTIAN BACKGROUND INFORMATION

Which church do you attend? _____

Which most accurately describes the family's church attendance?

_____ Active _____ Attends occasional

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? _____

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MEDICAL HISTORY INFORMATION

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Name: _____

History of Communicable Diseases:

Other Conditions:

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

	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 KCCDC's Student Insurance coverage is secondary.

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact's (Parents/Legal Guardian):

Mother/Guardian Name: _____ Phone: (____) _____ - _____

Father/Guardian Name: _____ Phone: (____) _____ - _____

Additional Emergency Contact's:

Name: _____ Phone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Phone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Phone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Phone: (____) _____ - _____ Relationship to Child: _____

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

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Children will only be released to persons listed above. If you need to make any adjustments to this list, please use MyProCare.com. Any child not picked up by 6:00 PM a \$30.00 late fee will be assessed every 15 minutes. The fee will be charged directly to your Blackbaud Tuition account.

Parent/Guardian Signature: _____ Date: _____

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/Guardian Statement of Agreement and Cooperation

Admission Policy

1. KCCDC does not discriminate and 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.
2. 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 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 a *four-week trial basis*. Anytime during the school year should the student's conduct fall below the acceptable standards as established by KCCDC, diagnostic testing or withdrawal may be required.
3. 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.
4. 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.

Admission Policy cont.

6. We understand that a student is not officially enrolled until all applicable fees, records, entrance screening (K4), ImmPrint Immunization form, 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.

Please initial the following statements:

_____ : I understand that KCCDC Administration reserves the sole right to request withdrawal of a child for the overall safety and welfare of the children/staff.

_____ : 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.

_____ : I have read the 2023-2024 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.

_____ : I understand that a 30 DAY ADVANCE written notice of intent to withdraw my child must be submitted and full payment for the final month's tuition will be billed to my Blackbaud Tuition account. If proper withdrawal notification is not given, a financial assessment could be posted to my Blackbaud Tuition account.

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: _____